FILE NOW: FILING FEE AFTER MAY 1 IS \$550!00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	L58931
L. Cornoration Name		

LAKELAND FL

SIGNATURE:

(1)

FILED
May 16 1997 8:00am
Secretary of State

MARIMA	r international, inc.					Rođen žila ni	Cid ia Pre n Pil ina	
Principal Plac C/O JUAN N. (521 BUENA VIS LAKELAND FL	BARRIOS STA	Mailing Address C/O JUAN N. BARRIOS 521 BUENA VISTA LAKELAND FL 33805-4504					AMEN ONGH ANAM I	648H 1811
US	••••	us			3. Date Incorporated or Qualified 03/19/1990		Date of Last Re /26/1996	eport
2. Principal P	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3005315			oplied For ot Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75	Additional equired
City & Stat	e	City & State	WILL - W.	······································	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	у	8. This corporation has liability for Florida Statutes	_	e tax under s. No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered	Agent	
5329	RIOS, JUAN DIGLENMORE DRIVE		81		dress (P.O. Box Number is Not Acceptal	ble)		
LAKI	ELAND FL 33813		83			····	· · · · · · · · · · · · · · · · · · ·	
			84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statul	es, the abov	re-named cor	poration submits this statement for the			ls registered
office or i agent 1 a	registered agent, or both, in the Stat ini familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607.0505, Fl	authorized b orida Statute	y the corpora is:	poration submits this statement for the ation's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE	Suprance, type too princed name of requestered as				uired when reinslating)	DATE		
12.	/	ND DIRECTORS	13.	eni signature requ	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	1S IN 12
Tritte	PD	DELETE	1.1 7ffLE				Change	☐ Addition
NAME	BARRIOS, JUAN N. M.D.		1.2 NAME	•		•		
STREET ADDRESS	5329 GLENMORE DRIVE		1.3 STREE	1 ADDRESS				İ
CITY - S1 - ZIP	LAKELAND FL		14 C/TY-	ST - ZIP				
THE	STD	☐ DELETE	2.1 TITLE				Change	☐ Addilion
NAME	BARRIOS, MIRTHA M.		2 2 NAME					
STREET ADDRESS	5329 GLENMORE DRIVE			1 ADDRESS				i
CITY - ST - ZIP	LAKELAND FL D	T DELETE	2 4 CITY -	ST-ZiP			Change	Addition
NAME	BARRIOS, NICOLAS J.	had percet	3.1 THE 3.2 NAME				Li Oliange	III HOUILON
1	5329 GLENMORE DRIVE		1	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP	LAKELAND FL		3.4. QTY-	1				
TITLE	D	[_] DELETE	4.1 TITLE	31-211			Change	Addition
NAME	BARRIOS, CHARLES A.		4. 2 NAME				v -	
STREET ADDRESS				T ADDRESS				1
CiTy - St - ZiP	LAKELAND FL		4.4 CITY-	ì				
TOLE	D	☐ DELETE	5 f TITLE		***************************************		Change	Addition
NAME	BARRIOS, MICHAEL J.		5.2 NAME					1
STREET ADDRESS	5329 GLENMORE DRIVE		5 3 STREE	T ADDRESS				į
City - ST - ZIP	LAKELAND FL		5.4 CITY-	ST-ZIP				
TifleF	VD	DELETE	6.1 TITLE				Change	Addition
NAMI	BARRIOS, JAMES		6.2 NAME	1				1
e total t annual ec	521 RUENA VISTA		6 2 CTOFE	T ADDRESS				'

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an antachment with an address