

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90007 039 \*\*\*558.75

0094717

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L58931**

1. Corporation Name

**MARIMAR INTERNATIONAL, INC.**

Principal Place of Business

C/O JUAN N. BARRIOS  
521 BUENA VISTA  
LAKELAND FL 33805  
US

Mailing Address

C/O JUAN N. BARRIOS  
521 BUENA VISTA  
LAKELAND FL 33805  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/19/1990**

4. FEI Number

**59-3005315**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRIOS, JUAN  
5329 GLENMORE DRIVE  
LAKELAND FL 33813**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BARRIOS, JUAN N. M.D.**  
STREET ADDRESS **5329 GLENMORE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **BARRIOS, MIRTHA M.**  
STREET ADDRESS **5329 GLENMORE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BARRIOS, NICOLAS J.**  
STREET ADDRESS **5329 GLENMORE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BARRIOS, CHARLES A.**  
STREET ADDRESS **5329 GLENMORE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BARRIOS, MICHAEL J.**  
STREET ADDRESS **5329 GLENMORE DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **BARRIOS, JAMES**  
STREET ADDRESS **521 BUENA VISTA**  
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/99**

Date

**941-6435579**

Daytime Phone #

CR2E034 (5/99)