

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M20649 (3)**

1. Corporation Name

MAR-SEA, INC.

Principal Place of Business

**760 N.E. 7TH AVENUE
DANIA FL 33004**

Mailing Address

**760 N.E. 7TH AVENUE
DANIA FL 33004**



2. Principal Place of Business

21 **1100 N.E. 7TH AVE**

Suite, Apt. #, etc.

22 **C**

City & State

23 **DANIA, FL**

Zip

24 **33004**

Country

25 **USA**

2a. Mailing Address

26 **1100 N.E. 7TH AVE**

Suite, Apt. #, etc.

27 **C**

City & State

28 **DANIA, FL**

Zip

29 **33004**

Country

30 **USA**

3. Date Incorporated or Qualified

09/16/1985

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2576961

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRAVO, HECTOR L.
12295 SW 47TH ST
MIAMI FL 33175**

10. Name and Address of New Registered Agent

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 in this filing.

(801) Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P
BRAVO, ADRIANA T.
STREET ADDRESS **12295 SW 47TH ST
CITY-STATE-ZIP **MIAMI FL******

TITLE ☐ DELETE

NAME **D
BRAVO, HECTOR L.
STREET ADDRESS **12295 SW 47 ST
CITY-STATE-ZIP **MIAMI FL******

TITLE ☐ DELETE

NAME **S
RODRIGUEZ, BETSY
STREET ADDRESS **12295 SW 47TH STREET
CITY-STATE-ZIP **MIAMI FL******

TITLE ☐ DELETE

NAME **VPO
BRAVO, NELSON L
STREET ADDRESS **12295 SW 47TH STREET
CITY-STATE-ZIP **MIAMI FL******

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Adriana Bravo
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-96 (94) 932-9901

Date

Daytime Phone #

CR2E034 (12/95)