

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

2000 UBR

FILED

00 MAY -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M38012

1. Corporation Name
COMERCIALIZADORA MARANDRES OF
FLORIDA, INC

Principal Place of Business Mailing Address
920 SW 136 PL
MIAMI, FL, 33184

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 920 SW 136 PL		3. New Mailing Office Address, If Applicable 920 SW 136 PL		4. Date Incorporated or Qualified To Do Business in Florida 3/12/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0101542	
City & State MIAMI, FL		City & State MIAMI FL		Applied For Not Applicable	
Zip 33184	Country U.S.A.	Zip 33184	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	CESAR A. PEREA	920 SW 136 PL	MIAMI, FL, 33184
SECRETARY	IRMA THOMPSON	10839 NW 7ST APT 14	MIAMI, FL, 33172
✓	OLGA M. PEREA	10839 NW 7ST APT 14	MIAMI, FL, 33172

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8. Name and Address of Current Registered Agent

CESAR A PEREA
920 SW 136 PL
MIAMI, FL, 33184

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Cesar Perea

REGISTERED AGENT MUST SIGN

Date 4/24/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cesar Perea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

(305) 372-1812 ext 346
Daytime Phone #

CR2E081 (12/98)