

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M39745 (8)

VARADERO MARINA , INC.

Home or Place of Business	Mailing Address
1950 NE 135 St. North Miami, FL 33181	1950 NE 135 St. North Miami, FL 33181

Principal Place of Business		26 Mailing Address		Date Incorporated or Received 10/08/1986		Date of Last Report 2/15/95	
City, Apt. #, etc.		27 Sales, Apt. #, etc.		4 FEE Number 59-2726786		Applied For Not Applicable	
25 State		28 City & State		5 Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip		29 Zip		6. This corporation has no assets in the United States ☐		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No			
9 Name and Address of Current Registered Agent							

Mantilla, Raul
10810 Sw 28 Street
Miami, Fl. 33165

81	Name
82	(P.O. Box Number is Not Acceptable)
83	
84	City
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, 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.

FL 85 Zip Code

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OFFICERS AND DIRECTORS

☐ DELETE

pTD Mantilla, Raul
10810 SW 28 St.
Miami, Fl. 33165

☐ DELETE

S Mantilla, Raul Jr.
10810 SW 28 St.
Miami, Fl.

☐ DELETE

☐ DELETE

☐ DELETE

7 DELETE

☐ Change ☐ Add/On☐ Change ☐ Cancel☐ Change ☐ Add in☐ Change ☐ Add Note☐ Change ☐ Addition

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| ☒ Change | ☐ Addition |
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I 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)(g), 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. I am an officer or director of the corporation or the receiver or trustee and certify to the exemption of this report as required by Chapter 887, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment when an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (305) 944-1221