

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90053 035 ***150.00

DOCUMENT # P00000079985

1. Entity Name

MAR-MUS HOLDINGS GROUP, INC.

Principal Place of Business

520 BRICKELL KEY DRIVE #0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE #0-305
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1044851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROJAS, MARCO E

520 BRICKELL KEY DRIVE

SUITE 0-305

MIAMI FL 33131

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PST	MARTINEZ, ANDRES		
520 BRICKELL KEY DR, SUITE 0-305			
MIAMI FL 33131			
AS	ROJAS, MARCO E		
520 BRICKELL KEY DR, SUITE 0-305			
MIAMI FL 33131			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATED OFFICER OR DIRECTOR

Andres Martinez

Date

4/19/02 (305) 374 3600

Days/Week Page #