

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000033685

1. Corporation Name
MARIOTTI ENTERPRISES INC.

Principal Place of Business
7749 JOHNSON ST.
PEMBROKE PINES FL 33024

Mailing Address
7749 JOHNSON ST.
PEMBROKE PINES FL 33024

93 APR 27 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/10/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0415581	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				7. This corporation owes the current year intangible Personal Property Tax	
				☐ Yes ☐ No	

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MENDEZ, PEDRO A 7749 JOHNSON ST. PEMBROKE PINES FL 33024		81 Name Caballero, Mirna	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		7749 Johnson St	
		83 City	
		Pembroke Pines FL	
		84 Zip Code	
		33024	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *See Attached* (Signature, typed or printed name of registered agent and title required) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MENDEZ, PEDRO A	1.2 NAME	Caballero, Mirna
STREET ADDRESS	7749 JOHNSON ST.	1.3 STREET ADDRESS	7749 Johnson St.
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP	FL 33024
TITLE	Mary Mendez	2.1 TITLE	
NAME	7749 Johnson St.	2.2 NAME	
STREET ADDRESS	Pembroke Pines, FL 33024	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DS
NAME		3.2 NAME	Mendez, Marianella
STREET ADDRESS		3.3 STREET ADDRESS	652 Cascade Fall Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FL Lauderdale, FL 33357
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, when other filer is empowered.

SIGNATURE: *S. Mendez* 1-14-99 (154) 9830946
M. Caballero