FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9300051046 (9)

FLORIMAR ENTERPRISES, INC.

Principal	Place	of	Business
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Mailing Address

10778 TEA OLIVE LANE

10776 TEA OLIVE LANE

FILED May 07 1997 8:00am Secretary of State



BOCA RATON FL \$3499		BOCA RATON FL 33498-4843							
						3. Date Incorporated or Qualified 07/21/1993	1	te of Las 01/199	t Report
	Place of Businoss	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For
21		26				65-0427586			Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 2 27					5. Certificate of Status Desired S8.75 Additiona Fee Required			
City & Stat	6	City & State				Election Campaign Financing Trust Fund Contribution		7	00 May Be ed to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for it	ntangible	tax unde	er s. 199.032,
24	25	29	30					ON [
	9, Name and Address of Curren	t Registered Agent		····		10. Name and Address of New Re	sistered A	gent	
SUA	AREZ, JOSE M			81	Name				
	76 TEA OLIVE LANE		ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
BO	CA RATON FL 33498					· · · · · · · · · · · · · · · · · · ·			
			ļ	83				- 1	
I			. 1	84	City		FL	85 Z	ip Code
agent. I a	im familiar with, and accept the obligation of t	ations of, Section 607.0505, F	Florida Stati	utes	5.	oration submits this statement for the pion's board of directors. I hereby accepted when reinstaling)	DATE	iqui ici il	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ER\$ AND	DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 10	LE				Chang	ge 🔲 Addition
NAME	SUAREZ, JOSE M		1.2 NA	ME					
STREET ADDRESS	10776 TEA OLIVE LANE		1.3 ST	REET	ADORESS				•
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 011	IY-\$1	T-ZIP				
TITLE	S	DELETE	2.1 1/1	16				☐ Chang	ge 🔲 Addition
NAME	SUAREZ, JOHANNA		2.2 NA						
STREET ADDRESS	10776 TEA OLIVE LANE		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELETE	2. 4 Cl		ST - ZIP			Γ	
TITLE NAME		□ Deres€	3.1 111					☐ Chang	ge 🔲 Addition
STREET ADDRESS			3.2 NA		Afronece				
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	3.4. CI 4.1 TII		01-211			Chang	e Addition
NAME			4. 2 N						,
STREET ADDRESS					ADDRESS				*.
CITY-ST-ZIP			4 4 CI			•			
TITLE		☐ DELETE	51711					Chang	ge Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5 3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	TY-\$1	1 - ZIP				
TITLE		☐ DELETE	6.1 TI)	LE			"	Chang	ge 🔲 Addition
NAME			6.2 NA	ME					1
STREET ADDRESS			6.3 S1	REET.	ADDRESS				
CITY-ST-ZIP			6.4 CIT						
14. I do here	by certify that the information supplied	With this filing does not gua	lify for the	exer	motion stated	in Section 119.07(3)(i). Florida Statutes	. I further	certify th	nal the

information indicated on this annual popurt 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 carboration 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 18 if changed or on an attachment with an address.