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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051046 (9)

FLORIMAR ENTERPRISES, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Addr			ess		1 160(160) (10 18100 (1111 00111 00111 00111 01111 01111 01111 01111 01111
10776 TEA OL	IVE LANE	10776 TEA OLIVE LANE			
BOCA RATON FL 33498		BOCA RATON FL 33498			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/21/1993
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	ace of Business	26			65-0427586 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. X Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
SU/	AREZ, JOSE M		81	Name	e e e e e e e e e e e e e e e e e e e
	76 TEA OLIVE LANE		82 Street Addre		t Address (P.O. Box Number is Not Acceptable)
	CA RATON FL 33498		ou out no		7.700.000 (1.10
			83	1	
				0	85 Zip Code
			84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abov	/e-named	d 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 607.0505, Florida Statutes.					
	Tribit, and doops the oas	gadono oli coodon con recor.		•	
SIGNATURE	Signature, typied or printed name of registered a	gent and title if applicable. (NO	OTE Registered Ac	ent signatur	re required when reinstaling) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 THTLE		☐ Change ☐ Addition
NAME	SUAREZ, JOSE M		1.2 NAME		
STREET ADDRESS	10776 TEA OLIVE LANE		1.3 STREE	T ADDRESS	· ·
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CiTY-	ST-ZIP	
TITLE	\$ DELETE		21 TITLE		☐ Change ☐ Addition
NAME >	SUAREZ, JOHANNA		2.2 NAME		
STREET ADDRESS	AARMA WEA ALDE LAKE		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498		2.4 CITY-	ST-ZiP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY	ST-ZIP	
TITLE		DELE T E	4.1 TITLE		Change Addition
NAME			4.2 NAMI		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST - ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		DELETE	6.1 TITLE	•	Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS				t address	,
			6.4 CITY-		
CITY-ST-ZIP	entify that the information supplied	with this filing does not qualify			ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 respirer 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 or this attachment with an address.

2.16.98