

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000051046

1. Corporation Name

FLORIMAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10776 TEA OLIVE LANE  
BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
JULY 21, 1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 7301 N.W. 4th Street		20		65-0427586		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 SUITE 102		27		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 PLANTATION, FL		28		<input type="checkbox"/>			
Zip		Country		Zip		Country	
24 33317		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SUAREZ, JOSE M.  
10776 TEA OLIVE LANE  
BOCA RATON, FL 33498

81 Name	SUAREZ, JOSE M.
82 Street Address (P.O. Box Number is Not Acceptable)	404 COCONUT PALM ROAD
83	
84 City	BOCA RATON
85 Zip Code	FL 33432

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 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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																					
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SUAREZ, JOSE M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10776 TEA OLIVE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33498</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SUAREZ, JOHANNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10776 TEA OLIVE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33498</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> DELETE	NAME	SUAREZ, JOSE M.		STREET ADDRESS	10776 TEA OLIVE LANE		CITY-ST-ZIP	BOCA RATON, FL 33498		TITLE	S	<input checked="" type="checkbox"/> DELETE	NAME	SUAREZ, JOHANNA		STREET ADDRESS	10776 TEA OLIVE LANE		CITY-ST-ZIP	BOCA RATON, FL 33498		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>1.1 TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>SUAREZ, JOSE M.</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>404 COCONUT PALM ROAD</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>BOCA RATON, FL 33432</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>SUAREZ, JOHANNA</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>404 COCONUT PALM ROAD</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>BOCA RATON, FL 33432</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>300002989203-8</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>-09/16/99-01067-002</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>***158.75 ***158.75</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	SUAREZ, JOSE M.		1.3 STREET ADDRESS	404 COCONUT PALM ROAD		1.4 CITY-ST-ZIP	BOCA RATON, FL 33432		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	SUAREZ, JOHANNA		2.3 STREET ADDRESS	404 COCONUT PALM ROAD		2.4 CITY-ST-ZIP	BOCA RATON, FL 33432		3.1 TITLE	300002989203-8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS	-09/16/99-01067-002		3.4 CITY-ST-ZIP	***158.75 ***158.75		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE																																																																																																																																					
NAME	SUAREZ, JOSE M.																																																																																																																																						
STREET ADDRESS	10776 TEA OLIVE LANE																																																																																																																																						
CITY-ST-ZIP	BOCA RATON, FL 33498																																																																																																																																						
TITLE	S	<input checked="" type="checkbox"/> DELETE																																																																																																																																					
NAME	SUAREZ, JOHANNA																																																																																																																																						
STREET ADDRESS	10776 TEA OLIVE LANE																																																																																																																																						
CITY-ST-ZIP	BOCA RATON, FL 33498																																																																																																																																						
TITLE		<input type="checkbox"/> DELETE																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> DELETE																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
TITLE		<input type="checkbox"/> DELETE																																																																																																																																					
NAME																																																																																																																																							
STREET ADDRESS																																																																																																																																							
CITY-ST-ZIP																																																																																																																																							
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
1.2 NAME	SUAREZ, JOSE M.																																																																																																																																						
1.3 STREET ADDRESS	404 COCONUT PALM ROAD																																																																																																																																						
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432																																																																																																																																						
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
2.2 NAME	SUAREZ, JOHANNA																																																																																																																																						
2.3 STREET ADDRESS	404 COCONUT PALM ROAD																																																																																																																																						
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432																																																																																																																																						
3.1 TITLE	300002989203-8	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
3.2 NAME																																																																																																																																							
3.3 STREET ADDRESS	-09/16/99-01067-002																																																																																																																																						
3.4 CITY-ST-ZIP	***158.75 ***158.75																																																																																																																																						
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
4.2 NAME																																																																																																																																							
4.3 STREET ADDRESS																																																																																																																																							
4.4 CITY-ST-ZIP																																																																																																																																							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
5.2 NAME																																																																																																																																							
5.3 STREET ADDRESS																																																																																																																																							
5.4 CITY-ST-ZIP																																																																																																																																							
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																					
6.2 NAME																																																																																																																																							
6.3 STREET ADDRESS																																																																																																																																							
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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE MARIO SUAREZ  
PRESIDENT

9/13/99

561-498-5730

FILED

99 SEP 14 AM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIMAR ENTERPRISES, INC.**  
7301 N.W. 4th Street, Suite 102  
Plantation, FL 33317-2234

2

September 13, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Delinquent Filing of Annual Report Form

Gentlemen:

I enclose for filing the 1999 Annual Report for this company together with a check for the normal Annual Report filing fee.

I ask that you waive the delinquent fee. Please note that the address listed for this corporation is my former home which I sold last year. Obviously, the new owner did not forward the report form to me when he must have received it. I never received the Annual Report.

I have changed the principal office of this company to that of my lawyer so that this problem will not re-occur.

I thank you for your consideration.

Very truly yours,

Florimar Enterprises, Inc.

  
\_\_\_\_\_  
Jose Mario Suarez

jms/ck  
enclosures