

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069528 (6)

1. Corporation Name

MARITTA, INC.



Principal Place of Business

Mailing Address

13004 SW 120TH ST.
MIAMI FL 33186

13004 SW 120TH ST.
MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

21 15640 S.W. 85 AVE
Suite, Apt. #, etc.

26 P.O. Box 560815
Suite, Apt. #, etc.

22 City & State
MIAMI - FL

27 City & State
MIAMI - FL

23 Zip Country
33157 USA

28 Zip Country
33256-0815 USA

24 33157 25 USA

29 33256-0815 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
01/19/1995

4. FEI Number
65-0456178

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

RODRIGUEZ, JAVIER
12004 SW 120 ST
MIAMI FL 33186

81 Name

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

15640 S.W. 85 AVE

83

84 City

MIAMI

FL

85 Zip Code

33157

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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

☒ Signature type for person who is not a registered agent and not applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
RODRIGUEZ, JAVIER
STREET ADDRESS
13004 SW 120TH ST. RD 18
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
DV
STECCA, GERARDO
STREET ADDRESS
13004 SW 120TH ST.
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
P.O. BOX 560815
1.4 CITY-ST-ZIP
MIAMI - FL 33256-0815

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
P.O. BOX 560815
2.4 CITY-ST-ZIP
MIAMI - FL 33256-0815

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D/P 3/8/96 305 255 7646

CR2E034 (12/95)