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PROFIT **CORPORATION ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of Stalle DIVISION OF CORPORÁTIONS

P93000069528 (6)

MARITTA, INC.

15640 SW 85 AVENUE **MIAMI FL 33157**

Principal Place of Business

Mailing Address

P.O. BOX 560815

FILED Sep 17 1998 8:00am Secretary of State



MIAM! FL 33256-0815 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 15640 SW 85 AVENUE 65-0456178 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI- FL 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 33<u>157</u> Personal Property Tax due June 30. Yes USA ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, JAVIER 15640 SW 85 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City Zip Code 85 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 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE RODRIGUEZ, JAVITE RODRIGUEZ, JAVIER NAME 1.2 NAME 15640 SW 85 AVENUE +.0: BOX 500015 1.3 STREET ADDRESS STREET ADDRESS -MIAMI-FL-MIAMI - FL - 33157 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STECCA, GERARDO NAMÉ 22 NAME P.O. BOX 560815 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIF 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7(P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 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 recoilement related 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 attacking with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: 🗸

STREET ADDRESS

CITY - ST - ZIP

8/10/98