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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000027587

MARP ENTERPRISES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90153 017 ***150.00



Principal Place	e of Business	Mailing Address				E SOUTHOUGH LIM TOTAL USALL DUTIN O	IBŞIL ABŞIL ABILI	J BIOST (QUEST DATO)	HATTI TRALLARA
		531 BAY POINT ROA	31 BAY POINT ROAD						
MIAMI FL 33137	7	MIAMI FL 33137	MIAMI FL 33137			DO NOT WRITE IN THIS SPACE			
					1 3	. Date Incorporated or Qualifed		·	
ł					"	04/08/1994	•		}
2. Principal Pi	lace of Business	2a. Mailing Address			4	. FEI Number		Ар	plied For
21		26]	65-0497592		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				. Certificate of Status Desired		\$8.75	
22		27				. Certificate Of Status Desired		Fee Re	equired
City & State	e	City & State			6	. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cou	ntry	8	. This corporation owes the cur	rent year In		□No
24	25	29	30		10	Personal Property Tax. Name and Address of New	Pagietered		
	9. Name and Address of Curre	ent Registered Agent		81 Name		. Haile and Address of New	Kedisteran	Agent	
LOPI	ez, Eusebio								
531 BAY POINT RD				82 Stree	t Address (ddress (P.O. Box Number is Not Acceptable)			J
	MI FL 33137			83					
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				84 City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida S	statutes, the a	ove-name	d corporation	on submits this statement for the	oumose o	f changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change v	vas authorized	by the cor	poration's b	oard of directors. I hereby acce	pt the appo	intment as re	gistered
	m familiar with, and accept the oblig	gations of, Section 607.0503	o, riorida Siac	nes.	~	•		•	ĺ
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered	Agent signatur	e required when	reinstating)	DATE		
12.		gent and title if applicable.	(NOTE: Registered	Agent signatur		reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	ORS IN 12
			13.	- 				ND DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	LE					
12.	OFFICERS A	ND DIRECTORS	13. E 1.1 TI	LE					
12. TITLE NAME	OFFICERS A D LOPEZ, EUSEBIO	ND DIRECTORS ☐ DELET	13. E 1.1 Ti 1.2 Ni 1.3 St 1.4 Ci	LE ME				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS A D LOPEZ, EUSEBIO 531 BAY POINT ROAD	ND DIRECTORS	13. E 1.1 Ti 1.2 Ni 1.3 St 1.4 Ci	LE ME REET ADDRES DY-ST-ZIP					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D LOPEZ, EUSEBIO 531 BAY POINT ROAD	ND DIRECTORS ☐ DELET	13. E 1.1 Ti 1.2 N/ 1.3 Si 1.4 Cr	LE ME REET ADDRES NY-ST-ZIP LE				☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D LOPEZ, EUSEBIO 531 BAY POINT ROAD	ND DIRECTORS ☐ DELET	13. E 1.1 TI 1.2 Nv 1.3 SI 1.4 CI E 2.1 TI 2.2 Nv 2.3 SI 2.4 C	LE ME REET ADDRES N'-ST-ZIP LE ME REET ADDRES TY-ST-ZIP	S			☐ Change	Addition
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14. 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 suppliemental 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LIRED

3-9-99