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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	ANNUAL REPORT Secretary of DIVISION OF COR						ONS				
	DOCUMI , Corporation Na		# P9400	0028110	(2)						
MARANATHA CORPORATION											
								1 1840181 118 1841 8180 8411 81			
-	Principal Place of	El minana		A de la constantina							
Principal Place of Business Maining Address										* *****	
2750 W 76TH ST 2750 W 76TH ST SUITE 210 SUITE 210											
HIALEAH FL 33016				HIALEAH FL 33016			Date Incorporated or Qualified	3a Da	te of Last	Report	
								04/11/1994	Ja. Da	06/20/	
	. Principal Piace.	of Busines	SS .	2a. Mailing Address				4. FEI Number	·	Ĺ	Applied For
21	Suite, Apt. #, e	etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	65-0503325			Not Applicable
22	7	.,,,,,		27				5. Certificate of Status Desired		•	5 Additional Required
	City & State			City & State				6. Election Campaign Financing			00 May Be
23				28	· 			Trust Fund Contribution		Add	led to Fees
24	Zip]	Country Zip C				untry	f	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
9, Name and Address of Current Registered Agent						1		Florida Statutes Yes 10. Name and Address of New F		Agent	
						81	Namo				
RIVERA, ER/FESTO M						82	Street Add	dress (P.O. Box Number is Not Acceptat	le)		
	2750 W 76TH ST										
SUITE 210 () HIALEAH FL'33016						83					
niacean re 33016 ()						84	City		FL	85 2	Zip Code
1	1. Pursuant to th	ie provislo	ns of Sections 607,0502 a	and 607.1508, Florida Stat	utes, the ab	 1∵evc	named corpo	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of ch	= langing its	registered office
ĺ	or registered a familiar with, a	agent, or b and accept	oth, in the State of Florida the obligations of, Sectio	a. Such change was autho in 607.0505, Florida Statut	rized by the les.	corp	oration's bo	ard of directors. I hereby accept the app	ointment a	s registere	d agent. I am
s	GNATURE	E M		Ruesto Kive				2	JUJ J	16	
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 right or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the conversation 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 an an intechment with an address.

SIGNATURE:

CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 828-1412 Dayting Phone *

CR2E034 (12/95)