SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BÉFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT / CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000057946	(3)
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MARSU ENTERPRISES, INC.

 Principal Place of Business
 Mailing Address

 13370 SW 131 ST
 13370 SW 131 ST

 SUITE 101
 SUITE 101

 MIAMI FL 33186
 MIAMI FL 33186

FILLEID

96 SEP -3 IAN IO: 50

SECRETARY OF STATE

TALLAHASSEE FIRM

MIAMI FL 33186 MIAMI FL 33186				3. Date Incorporated or Qualified 08/05/1004	3a. Date of Last Report 05/01/1995		
Principal Place	of Business	2a. Mal 26	ling Address		1	4. FEI Number 65 - 06 8/0	Applied For Not Applicable
Suito, Apt. #, et	to.	Suit 27	e, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City 28	& State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country 25	Zip 29	3	~		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
9	. Name and Address of Cu	rrent Registered	l Agent			10. Name and Address of New Reg	Istered Agent
					Name		
14725 SW 70 TERRACE SUITE 101 MIAMI FL 33193			Street Address (P.O. Box Number is Not Acceptable)				
			4		4		
							FL 85 Zip Code
	Principal Place Suite, Apt. #, e City & State Zip MASTI 14725 SUITE	Principal Place of Business Suito, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Cu MASTRUPA, ROGELIO 14725 SW 70 TERRACE SUITE 101 MIAMI FL 33193	Principal Place of Business 2a. Mai 26 Suito, Apt. #, etc. Suito 27 City & State City 28 Zip Country Zip 25 9. Name and Address of Current Registered MASTRUPA, ROGELIO 14725 SW 70 TERRACE SUITE 101 MIAMI FL 33193	Principal Place of Business 28. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country Zip 29 3 9. Name and Address of Current Registered Agent MASTRUPA, ROGELIO 14725 SW 70 TERRACE SUITE 101 MIAMI FL 33193	Principal Place of Business 2a. Mailing Address 25	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 25 P. Name and Address of Current Registered Agent MASTRUPA, ROGELIO 14725 SW 70 TERRACE SUITE 101 MIAMI FL 33193 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 4c. FEI Number 65 - 66 8/C APPLIED FOR 6c. Certificate of Status Desired 6c. Election Campaign Financing Trust Fund Contribution 6c. Country 2c. Country 2d. Country 2d. Country 2d. Country 2d. Name and Address of Current Registered Agent 8d. Name 8d. Name 8d. Street Address (P.O. Box Number is Not Acceptable Suite 101 8d. Mailing Address of Current Registered Agent 8d. Street Address (P.O. Box Number is Not Acceptable Suite 101 8d. Mailing Address of Registered Agent 8d. FEI Number 65 - 66 8/C APPLIED FOR 8d. FEI Number 65

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

	Signer we typen or profes name of registered agent at	d tile if applicable. (NOTE F	Registered Apent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	PTD	DELETE	1.1 TITLE	Change Addition
NAME	Mastrapa, Rogelio		1.2 NAME	
STREET ADDRESS	14725 SW 70 TERR		1.3 STREET ADDRESS	
CITY - \$1 - 20P	MIAMI FL 33193		1.4 CITY - ST - ZIP	
TILE	VSD	DELETE	2.1 TITLE	Change Addition
KAM6	Blain, Guy		2.2 NAME	
STREET ADDRESS	14211 SW 155 ST		2.3 STAEET ADDRESS	3000019736831 -10/15/9601051015 *****225.00 _*****225; QQdion
CHY-ST-76	MIAMI FL 33177		2.4 CITY-ST-ZIP	####33E_UU ####33E_UU
THLE		DETELE	3.1 TITLE	Charles Abustion
NAME			3.2 NAME	
SYREET ADDRESS			3.3 STREET ADDRESS	
CDY-S1-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHTY+ST+ZP			4.4 CITY - ST - ZIP	
181CF		DELETE	5.1 TIYLE	M (N R
NAME			5.2 NAME	1.10·0
STREET ADDRESS			5.3 STREET ADDRESS	MwB ☐ Change ☐ Addition 9-9-94
00Y-S1-26			5.4 CITY - ST - ZIP	·
THILE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
C0.9 - S1 - 710		·	6.4 City - ST-ZIP	1

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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears to Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6-10-96 (305) R56-9717

CR2E034 (3/