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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P94000069539 (2)

GARAC	GE MARTI, INC.					
Principal Place of Business Mailing Address						
645 S.W. 6TH ST. MIAMI FL 33130		645 S.W. 6TH ST. Miami FL 33130				
				3. Date Incorporated or Qualified 3. 09/21/1994	3a. Date of Last Report 04/28/1995	
2. Principa! Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0537995	Not Applicable	
Suite, Apt. #,	etc	Surte, Apt. #, etc.		5. Certificate of Status Desired [	\$8.75 Additional	
2		27 Cut. 9 State		6. Election Campaign Financing	Fee Required	
City & State		City & State		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζιρ	Country	8. This corporation has liability for inta		
4	25	29	30	Florida Statutes X Yes [	∐ No	
<u></u> L	9. Name and Address of Curre			10. Name and Address of New Reg	Istered Agent	
			81 Name			
BORRA	S, JAIME A		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	V. 6TH ST.					
miami f	FL 33131		83			
			84 City		<b>85</b> Zip Code	
		,		ation submits this statement for the purpo	FL	
SIGNATURE S	spranse types or protection as charge contage OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition	
NAME	BORRAS, JAIME A		1.2 NAME			
STREET ADDRESS	8545 N.W. 177TH ST.		13 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015		1.4.C+TY + \$1 - ZIP			
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		[ ] DELETE	2.4 CITV - ST - ZIP		Change Addition	
TITLE		L'I DELETE	3 1 THEE 3 2 NAME			
NAME STREET ADDRESS			3.2 NAME: 3.3 STREET ADDRESS			
CITY-ST-ZiP			3.4 Cily - ST - ZiP			
TILE	. —	DELETE	4 1 fills		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4.CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		C) DELETE	5.4 CITY - ST - 7IP		Change Addition	
TITLE		DELETE	6 1 IHLE		☐ Guangs ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZiP	certify that the information supplied	L with this filing is voluntarily for	64 CITY-ST-ZIP	for the exemption stated in Section 119 0	7(3)(k) Florida Statutes, I further	
certify that oath; that I	the information indicated on this an	nual report or supplemental and paration or the receiver or truste	nual report is true and accura se empowered to execute tri	ate and that my signature shall have the sa is report as required by Chapter 607, Flori	ame legal effect as if mage unger :	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/4 6 305-850-2457

CR2E034 (12/95)