## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400090715 (1)

## MARPI CORPORATION

Principal Place of Business

Mailing Address

## **FILED** Feb 07 1997 8:00am Secretary of State



14260 S.W. 119TH AVENUE MIAMI FL 33186		14260 S.W. 119TH AVENUE Miami Fl 33186-8023				
					3. Date incorporated or Qualified 12/15/1994	3a. Date of Last Report 02/13/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
1	**************************************	26			65-0547728	Not Applicable
Suite, Apt. #, etc. 27		······	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>i</sub> p 4	Country 25	Zip <b>29</b>	Country 30	/	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes XX No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent
	rtinez, emilió f		81	Name		
14260 SW 119TH AVENUE MIAMI FL 33186				Street Add	fress (P.O. Box Number is Not Acceptab	ole)
-			83			
			64	City	······································	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	tes, the abov	e-named cor	poration submits this statement for the p	
office or I agent. La	registered agent, or both, in the Sam familiar with, and accept the N	ete of Florida. Such change was : Nichtions of Section 607,0505, Fl	authorized b orida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE	- Show	146 / 1				
JICHATON.	Signature hyped or printed name of registered	agent and title if applicable (NOT		ent signature requ	ired when reinstating)	DATE
12.		AND DIRECTORS	13.	····	ADDITIONS/CHANGES TO OFFIC	
TITLE	STD	DELETE	1.1 TITLE			Change Addition
NAME	MARTINEZ, EMILIO F	•	1.2 NAME			
STREET ADDRESS	14260 S.W. 119TH AVENUI			T ADDRESS		
CITY - ST - ZIP	MIAMI FL 33186	☐ DELETE	14 CITY - 21 TITLE	ST-ZIP		Change Addition
TTLE NAME	MARTINEZ, CARLOS E		22 NAME	\		C Cuange C Addition
name Street address	14260 S.W. 119TH AVENUI	•		T ADDRESS		
DITY: ST-ZIP	MIAMI FL 33186	•	2.3 SINCE			
TITLE	D	DELETE	3.1 TITLE	31 - 24		Change Addition
NAME	PINO, SERGIO		3.2 NAME	1		
STREET ADDRESS	901 S.W. 69TH AVENUE		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY -	ST-ZIP		
TITLE	D	☐.DELETE	4.1 TITLE			Change Addition
NAME	PINO, CARLOS		4. 2 NAME			
STREET ADDRESS	901 S.W. 69TH AVENUE		4.3 STREE	T AODRESS		
CITY - ST - ZIP	MIAMI FL 33144		4.4 City-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	l		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIP		DE: F7F	5.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE			L Change L Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIF			6.4 CITY-	ST-ZIP		

14. I do 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 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 receives 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 on an attack that have the address.

SIGNATURE: