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 # P9500001149 (0)

MARCO POLO EXPORT, INC.

Principal Place of Business

Mailing Address

2977 S.W. 137 LN. OCALA FL 34473 2977 S.W. 137 LN. OGALA FL 34473-224

FILED May 02 1997 8:00am Secretary of State



OCALA PL 34473		UURLA FL 394/3-224/	UURLA FE 344/3-224/							
						3. Date Incorporated or Qualified 01/03/1995	3a. Da 05/2	te of L 26/19		eporl
Principal P	lace of Business	2a. Mailing Address				4. FEI Number			\rightarrow $$	plied For
Sulle, Apt.	# ata	26 Cuito Apt II ata				59-3375920				Applicable
22 SUITE, APL	₩, ₩C.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		7		dditional guired
City & State	6	City & State		_		6. Election Campaign Financing		\$5	.00	Mav Be
23		28				Trust Fund Contribution				Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for it			der s.	199.032,
24	25	29	30				Yes [
	g, Name and Address of Cu	rrent Hegisterea Agent		81	Name	10. Name and Address of New Re	gistered /	\gent		
PAV	ICIC, MARKO			٠'	Name					
	7 S.W. 137 LN. NLA FL 34473			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
UCA	VLM FL 349/3		-	83						
						<u> </u>				
				84	City		FL	85	Zip C	ode
office or r agent. I a SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o	Rate of Florida. Such change w bligations of, Section 607.0505	as authorized , Florida Statu	i by utes	the corporalia s.	oration submits this statement for the p on's board of directors. I hereby accep	it the app	ominic	nt as r	registered
	Signature, typed or printed name of registere	d agent and title lEapplicable (AND DIRECTORS		Age	nt signature require	ed when reinstaling)	DATE	DIDE	27.00	211140
12.	D	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Ch		S IN 12 Addition
NAME	PAVICIC, MARKO	_ with	1.2 NAI		ļ				ngo	E FOOTION
STREET ADDRESS	2977 S.W. 137 LN.				ADDRESS					
CITY-ST-ZIP	OCALA FL 34473			1.4 CITY-ST-ZIP						
TITLE	D	DELETE	2.1 711					Ch	ange	Addition
NAME	PAVICIC, KATICA		2.2 NA	ME						
STREET ADDRESS	2977 S.W. 137 LN.		2.3 S1F	REET	ADDRESS					
CITY-ST-ZIP	OCALA FL 34473		2. 4 Cf		ST-ZIP					
TITLE		☐ DELETE	3.1 TIT		1			L Ch	ange	Addition
NAME			3.2 NAI							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4 CH 4.1 TH		51-714			Ch	anoe	Addition
NAME		Section .	4. 2 NA					•"	8"	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y S	1 - ZIP					
TITLE		DELETE	5.1 TIT	LE				Ch	ange	Addition
NAME			5.2 NAI	ME						
STREET ADDRESS			5.3 STF	Œ[T	ADDRESS					
CITY-ST-ZIP			5.4 CIT		1 - 7IP					-
TITLE		DELETE	61111					Ch	300e	Addition
NAME			6.2 NAI							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT	Y - S	T - ZIP					

1. 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 facility ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Florida Statutes, and that my name appears in Block 12 or Florida Statutes.