

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P95000012223**

1. Corporation Name:

MAR INTERNATIONAL CORP.

Principal Place of Business:

Mailing Address:

**777 N.E 62 ST. #407
MIAMI, FL 33138**

2. Principal Place of Business:

21 State, Apt., Bldg.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address:

26 State, Apt., Bldg.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**DAVID ALMEIDA
777 N.E 62 ST # 407
MIAMI, FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

03-01-95

3a. Date of Last Report:

4. FIC Number:
65-0591664

Applied For:
Not Applicable

5. Certificate of Status Due:

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation is liable for the intangible tax under S. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.0803, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as shown 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 not a shareholder or officer of the corporation.

SIGNATURE: *David Almeida*

4. In Block 13, Additions/Changes to Officers and Directors in 12

12. OFFICERS AND DIRECTORS

1. TITLE: **P**
2. NAME: **DAVID ALMEIDA**
3. STREET ADDRESS: **777 N.E 62ST. #407**
4. CITY, ST, ZIP: **MIAMI, FL 33138**

5. TITLE:
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:

9. TITLE:
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:

13. TITLE:
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:

17. TITLE:
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

21. TITLE:
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3000001755.1158

03/22/96-0115-0009

*****216.00**

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

12/2/95