

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

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**Apr 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000032429 (9)**

1. Corporation Name  
**MARRON INTERNATIONAL, INC.**



Principal Place of Business  
**4836 CYPRESS WOODS DR #350 ORLANDO FL 32811**

Mailing Address  
**4836 CYPRESS WOODS DR #350 ORLANDO FL 32811-3757**

3. Date Incorporated or Qualified <b>04/21/1995</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-3311331</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>A</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>7459 INTERNATIONAL DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7459 INTERNATIONAL DR</b> Suite, Apt. #, etc.
22 City & State 23 <b>ORLANDO - FL</b>	27 City & State 28 <b>ORLANDO - FL</b>
24 Zip <b>32819</b> Country <b>ORANGE</b>	29 Zip <b>32819</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**CHRISTO DE ALMEIDA, RONALDO  
4836 CYPRESS WOODS DR #350 ORLANDO FL 32811**

10. Name and Address of New Registered Agent  
81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable) **7243 HUNTERDON DR**  
83  
84 City **ORLANDO** FL 85 Zip Code **32835**

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 \_\_\_\_\_ (Signature, typed or print of name of registered agent and title if applicable) (INDIT - Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PSD</b>	<input type="checkbox"/>
NAME	<b>CHRISTO DE ALMEIDA, RONALDO</b>	
STREET ADDRESS	<b>4836 CYPRESS WOODS DR #350</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>RODRIGUES DE ALMEIDA, MARGARETH</b>	
STREET ADDRESS	<b>4836 CYPRESS WOODS DR #350</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	<b>SAME</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>CHRISTO DE ALMEIDA, RONALDO</b>		
1.3 STREET ADDRESS	<b>7243 HUNTERDON DR</b>		
1.4 CITY-ST-ZIP	<b>ORLANDO, FL - 32835</b>		
2.1 TITLE	<b>SAME</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>RODRIGUES DE ALMEIDA, MARGARETH</b>		
2.3 STREET ADDRESS	<b>7243 HUNTERDON DR.</b>		
2.4 CITY-ST-ZIP	<b>ORLANDO - FL - 32835</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 reports 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 receiver 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 attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **03.14.97**

CR2E034 (9/96)