

**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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P95000036924 (5)**

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



**Principal Place of Business**

**1850 N.W. 82ND AVE.  
MIAMI FL 33128**

**Mailing Address**

**1850 N.W. 82ND AVE.  
MIAMI FL 33126-1014**

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

**9. Name and Address of Current Registered Agent**

**RODRIGUEZ-TORO, MARIO  
1850 N.W. 82ND AVE.  
MIAMI FL 33128**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

**3. Date Incorporated or Qualified**

**05/12/1995**

**3a. Date of Last Report**

**04/02/1996**

**4. FEI Number**

**65-0577826**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing**

☐

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

**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes**

☐ Yes ☐ No

**10. Name and Address of New Registered Agent**

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**11** ☐ DELETE  
**TITLE**  
**NAME** **PSTD**  
**STREET ADDRESS** **RODRIGUEZ-TORO, MARIO**  
**CITY-ST-ZIP** **1320 SOROLLA AVE.**  
**CORAL GABLES FL 33124**

**12** ☐ DELETE  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**11** ☐ Change ☐ Addition  
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**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 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**

**4/2/97 (305) 427-1111**

CR2E034 (9/96)