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FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P95000042045

1. Corporation Name

MARCAT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
995 SR 434N 217 ALTAMONTE SPRINGS, FL 32714	995 SR 434N 217 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/19/96

2. Principal Place of Business	2a. Mailing Address
211 437 HYACINTH WAY	26 437 HYACINTH WAY
Suite, Apt. #, etc. 22 #301	Suite, Apt. #, etc. 27 #301
City & State 23 ALTAMONTE SPRINGS, FL	City & State 28 ALTAMONTE SPRINGS, FL
Zip / Country 24 32714 / 25 SEMINOLE	Zip / Country 29 32714 / 30 SEMINOLE

4. FEI Number: 65-0617343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R.
201 ALHAMBRA CIRCLE
STE 711
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: ANTONIO LEMUS, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 112 MARCIA DRIVE
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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: _____ ANTONIO LEMUS 4/30/98
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOVERA DE ILLAN, CATHERINE		1.2 NAME		
STREET ADDRESS	433 LOS ALTOS WAY #203		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	PEREZ, MARIA DEL ROSARIO		2.2 NAME		
STREET ADDRESS	433 LOS ALTOS WAY #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I 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: Catherine de Illan May 1. 1998