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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071672 (6)

MAREA, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME FILED Mar 05 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing A	Mailing Address					T 30011004 310 10304 OTHER BOTH BOTH BOTH BOTH 10004 HOLD BYTH HOLD HAR HOLD BOTH
251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480		251 ROY	%MENDOZA. CALLAS. SCHILLING 251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480 LIS					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
		<b>Q</b>						09/14/1995
2. Principal P	lace of Business	2a. Mailin	2a. Mailing Address					4. FEI Number Applied For
21		26	26					65-0611448 Not Applicable
Suite, Apt.	#, etc	· · · · ·	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required
City & State	9		City & State					6. Election Campaign Financing \$5.00 May Be
23	•	28	├ <del>─</del> 7					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Count				8. This corporation owes or has paid the current year Intangible
24	25	29		30				Personal Property Tax due June 30. 🔀 Yes 🔲 No
	ent Registered A	ed Agent					10. Name and Address of New Registered Agent	
	MENDOZA, MARIO G III				81	Name		
251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480				<b>82</b> St			Addres	ress (P.O. Box Number is Not Acceptable)
174	in percent a control							
				84 City			•	FL 85 Zip Code
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			NOT	TE: Registered Agent signature required			required	
		ND DIRECTORS	The state of the s	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 <del></del>		1.1 TIT		•	01.0	Change Addition
NAMÉ							CLU	OEDT, JEAN JACQUES DE
STREET ADDRESS					1.3 STREET ADDRESS			
CITY+ST-ZIP	PALM BEACH FL	<del>.</del>				T-ZIP		Change Addition
TITLE	VD		LI DELETE	2.1 TIT				Change C Addition
NAME	CLOEDT, JEAN DE			2.2 NA				
STREET ADDRESS 251 ROYAL PALM WAY						ADDRESS		
CITY-ST-ZIP TITLE	PALM BEACH FL		DELETE	2. 4 Cl 3.1 TIT		51 - ZIP		Change Addition
	STD DE BOEVED DIEDDE		L. DELEN	3.2 NA				C Vitality C Nation
NAME DEDUCE ADDRESS	DE BOEVER, PIERRE 251 ROYAL PALM WAY					ADDDCCC		
B1111 BE1611 E1				3.3 STREE 3.4. City-				
CITY-ST-ZIP TITLE	FALM DEAUTI FL		☐ D£LE <b>TE</b>	3.4. CI 4.1 TIT		11-ZIP		Change Addition
NAME			Seat 16	4. 2 NA				
						address		
STREET ADDRESS				4.3 ST				
CITY-ST-ZIP TITLE			DELETE	5.1 TIT		1.7IL		Change Addition
NAME				5.2 NA				
STREET ADDRESS						ADDRESS		
STREET ADDRESS				0.00	ALC I	POULCOO		

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 in attact ment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETË

561-659-1111

☐ Change

Addition