PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500080471
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1. Corporation Name

MARIMAR FORWARDING, INC.

Deinging	Cilono of	Duciones

Mailing Address

9604 NW 10TH ST

9604 NW 13TH ST



WINNIT I C 33174	-		MITAN I E OUI I E			DO NOT	WRITE IN THIS	SPACE	
						<ol><li>Date Incorporated or Qua</li></ol>	lifed		
						10/16/1995			
	lace of Business	.~	2a. Mailing Address			4. FEI Number		<b>⊢</b> →	lied For
21 30		131 AVE	26 809 NW	131	AVE	65-0612976			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		_	5. Certifcate of Status Desire	ed []	\$8.75 A Fee Re	
City & 5 tat			City & State	<u> </u>		6. Electic n Campaign Financ	cing []	\$5.00	
	IMMI	fl-	28 MIAMI	FL		Trust Fund Contribution		Added to	Fees
Zip		ountry	Zip	Country	′	8. This corporation owes the	current year in	<u> </u>	ا ۔
24 331			29 33182 30	0		Personal Property Tax.  10. Name and Address of N	lew Bogisters d	Yes	□No
	9. Name and A	ddress of Current	Registered Agent	81	Name		ew Registere u	Agent	
MOR	RALES, MARIA A					MONAUES, MACHA	_ <b>A</b>		
	NW 13TH ST			82	Street A	dress (P.O. Bo) Number is Not Ac			
	M FL 33172			83		809 NW 131	AVE		
				84	Gity			85 Zip C	ode
		0. 11 - 007 0500	and COZ 1500 Florida Statuta	the about		MIAMI_	F L	-	01
11. Pursuant office or r	to the provisions of egistered agentaor	Sections 607.0502 both, in the State of	and 607.1508 Florida Statutes, Florida Such change was nuth	, the above norized by	e-named c the corpor	crporation submits this statement for a tion's board of cirectors. I hereby a	accept the appo	intment as reg	stered
agent. a	· familiar with and	accept the obligati	oris of Section 607.0505, Ekind	a Statutes	<b>.</b>		× .//	1 be	<u>;</u> ,
SIGNATURE	Si ature, typed organited	I nar te of registered agent	populitie Exopticable. (NOTI.; Re	egistered Age	nt signature rec	u red when reinstating)	TALE S	20/7/	
12.		OFFICERS AND	DIRECTORS	13.		ADDITIC NS/CHANGES TO	) OFFIC€RS /\I		
TITLE	D// '	/ /	☐ DELETE	1.1 TITLE	)			Change	Addition \
NAME	MORALES, MAF	ria a		1.2 NAME					
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TITLE	PTD		☐ DELETE	2.1 TITLE	)			☐ Change	☐ Addition
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STREET ADDRES S					TADDRESS				
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STREET ADDRES 3									
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CITY-ST-ZIP	L								

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 ce tify that the information indicated on this annual report or supplemental ar rural 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATED TYPED OR PRINTED NAME OF SIGNING OFFICER LIR DIRECTOR

X 4/20 /99 X 305-5999200

CR2E034 (11/98)