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

DOCUMENT # P95000092816 (4)

MARAH SUPPLY, INC.

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QATT, SERGIO 2775 SW 1ST ST MIAMI FL 33135 47 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 6502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Scatchers was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Scatchers was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hard accept the displacence of Section 607 5055, Florida Statutes. SIGNATURE SIGNATURE		Country			y	8. This corporation has liability for	intangible tax under s. 199.032,
GAITI, SERGIO 2775 SW 1ST ST MIAMI FL 33135 B4 CRy B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 CRy FL B5 Zip Code T1. Pursuant to the provisions of Sections 807 0502 and 807, 1508. Florids Statutes, the above enemed corporation submits this statement for the purpose of changing its registered office or regularized agent, or both, in the State of Florids Scutchange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE D5 CFF CERS AND DIRECTORS D6 CFF CERS AND DIRECTORS D7 ST 27 D8 DIRECTORS T1 12 NAME 12 NAME 2775 SW 1ST ST MAMI FL 33135 D8 DELETE 21 TITLE D8 CAITI, SERGIO 2775 SW 1ST ST MAMI FL 33135 D8 DELETE 21 TITLE CHange Change Addition D8 Addition Change Change Addition Addition Change Addition	24			30			
277 S W 1ST ST MIAMI FL 33135 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 65 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Floride Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in similar with another and accept the obligations of Sections 607.050. Floride Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS II. 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL DR. AD			nt Registered Agent		T	10. Name and Address of New Re	gistered Agent
MIAMI FL 33135 63 City FL 85 Zip Code				81	Name		
Fig. Bit City Fig. Bit Fig. Bit City Fig. Bit Fig.				82	Street Ac	ldress (P.O. Box Number is Not Acceptat	ole)
11. Furticiant to the provisions of Sections 607 (502 end 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DP ORDER OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE DP ORDER OFFICERS AND DIRECTORS IN 12. THE ORDER OFFICERS AND DIRECTORS IN 12. THE DP ORDER OFFICERS IN 12. THE DP OR	MINA	IIII 1 E 00 100		63		,	
SIGNATURE				84	City		85 Zip Code
SIGNATURE	44 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Sta	tutes the above	e-named cr	provation submits this statement for the	purpose of changing its registered
SIGNATURE	office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida Such change was gations of Section 607.0505.	as authorized b	y the corpor	ration's board of directors. I hereby acce	ot the appointment as registered
Signature system or primed name of expostrated general and the of application (MOTE: Registrated special develor application (MOTE: Registrated special develor application) DATE	1		9-1			• •	
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	l .			6.2 NAME			
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SIGNATURE:

14. I do hereby certify that the information indicated in this annual I am an officer or director of the cappears in Block 12 or Block 13 if

CITY-ST-7IP

ATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SERGIU

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the hymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-ZIP

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305-5580715

FILED

Apr 30 1997 8:00am

Secretary of State

Daytime Phone #