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 #

P95000093972 (4)

MARIARA, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
1833 PERIWINKLE WAY STE A SAMBEL FL 33957				1633 PERIWINKLE WAY STE A SANIBEL FL 33957				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
Bolista Disease April 201								12/12/1995
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				65-0677839 Not Applicable \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
Zip	Zip Country			Zip Country			y	8. This corporation owes or has paid the current year Intangible
24	25			9 30				Personal Property Tax due June 30. Yes No
		and Address of Cur	rent Regis	tered Agent		B1	Name	10. Name and Address of New Registered Agent
	rty, timo					"	Name	
•		IKLE WAY STE A				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
SAN	NIBEL FL 3	3957				83	 	
						"		
						84	City	FL 85 Zip Code
11. Pursuent t	o the provisi	ions of Sections 607 C	1502 and 60	07 1508 Florida Stati	utes the a	hov	e-named co	
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 harms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12,	Signature, typed			nt and tille if applicable. (NOTE: Registered DIRECTORS 13.			ont signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	OI FIOLING	THE CITIC	DELETE	1,1 7	TLF		Change Addition
NAME		, ALFRED			1.2 N			
STREET ADDRESS							T ADDRESS	
CITY-ST-ZIP	LAPAINIA ALIAPRIA			i			ST - ZIP	
TITLE	۷Ť			☐ DELETE	211			☐ Change ☐ Addition
NAME	HUETER	, maria			22 N	AME		
STREET ADDRESS				235		TAEET	ADDRESS	
CITY-ST-ZIP	TY-ST-ZIP VIENNA AUSTRIA						ST-ZIP	
TITLE				☐ DELET e	3.1 TI	TLE		☐ Change ☐ Addition
NAME					3.2 N	AME		
STREET ADDRESS							F ADDRESS	1
CITY-ST-ZIP						******	ST-ZIP	
TITLE				☐ DELETE	4.1 Ti			Change Addition
NAME					4.2 N	AME		
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NAME STORET ADDRESS					5.2 N		I ADDRESS	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE	5.4 U		ST-ZIP	Change Addition
NAME					6.2 N		ĺ	County County
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				6.4 CITY				
-177 St E								

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 examinant with an address.