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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093972

1. Corporation Name

MARIARA, INC.

Principal Place of Business		Mailing Address				•					
1633 PERIWINKLE WAY STE A SANIBEL FL 33957		1633 PERIWINKLE WAY STE A SANIBEL FL 33957					, DO NOT WRITE	IN THIS S	SPACE		
		•	•			3. Date Incorporate				• • •	
						12/12/1995					
2 Principal Pl	lace of Business	2a. Mailing Address		_		4. FEI Number	~		Ap	plied For	30
2. Philicipal Fi	lace of business	26				65-0677839			No	t Applicable	81.75
Suite, Apt.	# etc	Suite, Apt. #, etc.		_			D. J. J		\$8.75	dditional	
22		27				5. Certifcate of Stat	us Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Соц	intry		8. This corporation	owes the curren				
24	25	29	30			Personal Propert	<u> </u>		☐ Yes	No	
	9. Name and Address of Curren	nt Registered Agent		24		10. Name and Addr	ess of New Re	gistered A	gent		
				81	Name						
	RTY, TIMOTHY J B PERIWINKLE WAY STE A			82	Street Addre	ess (P.O. Box Number i	is Not Acceptable	le)			
	IBEL FL 33957			83		1.5 44	1311121191			5510 16 175 1512 15 75	
SAN				104	City	12 22 233	36 24 \$24 360 	3411, 32115 II	85 Zip (Code Code	
SAN				1841						I .	
	to the exercisions of Sections 607 050	02 and 607 1508. Florida Statute	s the a			oration submits this stat	tement for the pr	urpose of o	hanging its	registered	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, any of Copp the obligations of the section of	of Flonda. Such change was at ations of, Section 607.0505, Flor	ida Stat	bove-i by th utes.	named corpo ne corporation	irs board or directors.	tement for the pi hereby accept	urpose of cothe appoin	changing its tment as re	registered gistered	
11. Pursuant office or ragent. I a	registered agent, or both, in the State of Lamiliar with, any accept the obligation of the state	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE:	ida Stat	bove-i by th utes.	named corpo ne corporation	when reinstating)	<i>J-2</i>	-99			(80)
11. Pursuant office or ragent. I a SIGNATURE	egistered agent, or both, in the State m tamiliar with, and accept the obligation of the state of the obligation of the state of the st	of Flonda. Such change was at attions of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered	bove-id by the tutes.	named corpo ne corporation	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99			(44)00)
11. Pursuant office or ragent. I a SIGNATURE	egistered agent, or both, in the State m tamilian with, and Coppt the obliga Signature, types or financian name of registered age OFFICERS AN	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE:	ida Stat	bove-id by the tutes.	named corpo ne corporation	when reinstating)	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	54-74-41091
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE	egistered agent, or both, in the State m tamilian with, and Copt the obliga Signature, typic or finand name of egistered age OFFICERS AN PSD HUETER, ALFRED	of Flonda. Such change was at attions of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered 13. 1.1 Ti	above-red by the utes. If Agent s TLE AME	named corpo ne corporation	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	E034*/44/08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of Lamiliar with, and accept the obligation of the publication of the	of Flonda. Such change was at attions of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered 13. 1.1 Ti 1.2 N. 1.3 S	Dove-Ind by the utes. If Agent s ITLE AME	named corporation corporation signature required	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	00000044/14/08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the state of the state of the state of the obligation of the state of the s	of Flonda. Such change was at attions of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered 13. 1.1 Ti 1.2 N. 1.3 S	Dove-Ind by the utes. If Agent s ITLE AME TREET A	named corporation corporation signature required	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	Oppropriét44(09)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the state	of Flonda. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered 13. 1.1 Ti 1.2 N. 1.3 Si 1.4 C	Dove-rd by the utes. If Agent s ITLE AME TREET A ITY-ST-	named corporation corporation signature required	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	ODOCCOOX*(44,000)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the property of the obligation of the property of the obligation of the property of the	of Flonda. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N.	Agent s TLE AME TREET A TTLE AME TREET A TTLE AME	named corporation corporation signature required	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	/00//4///0000
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the property of of th	of Flonda. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered 13. 1.1 TH 1.2 N. 1.3 S 1.4 C 2.1 TH 2.2 N 2.3 S	Agent s TLE AME TREET A ITLE AME TREET A ITLE AME	named corporation corporation signature required ODRESS ZIP	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12 Addition Addition	VOD-74/70010
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the property of the obligation of the property of the obligation of the property of the	of Flonda. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered 13. 1.1 TH 1.2 N. 1.3 S 1.4 C 2.1 TH 2.2 N 2.3 S	DOVE-IND	named corporation corporation signature required ODRESS ZIP	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12	\00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the pulsar of the obligation of the pulsar	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 TI 1.2 N. 1.3 S' 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	Agent s TLE AME TREET A TTLE AME TREET A TTLE AME TREET A TTLE TREET A	named corporation corporation signature required ODRESS ZIP	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12 Addition Addition	(80) + 100 HOOD
11. Pursuant office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the property of of th	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 TH 1.2 N. 1.3 S 1.4 C 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 TH 3.2 N	IDOVE-1-10	named corporation corporation signature required ODRESS ZIP	when reinstating) ADDITIONS/CHA	<i>J-2</i>	-99	D DIRECTO	DRS IN 12 Addition Addition	/DDCCCCC
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the pulsar of the obligation of the pulsar	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 C 2.1 Ti 2.2 Ni 2.3 S' 2.4 C 3.1 Ti 3.2 Ni 3.3 S'	IDOVE-1-10	named corpone corporation signature required NODRESS ZIP ADDRESS ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\801/\$1/2/COLOGO
11. Pursuant office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the pulsar of the obligation of the pulsar	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 C 2.1 Ti 2.2 Ni 2.3 S' 2.4 C 3.1 Ti 3.2 Ni 3.3 S'	IDOVE-14 IDO	named corpone corporation signature required NODRESS ZIP ADDRESS ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\401/4/1000
11. Pursuant office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the pulsar of the obligation of the pulsar	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti	IDOVE-14 IDO	named corpone corporation signature required NODRESS ZIP ADDRESS ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	(40)/1//VCODCOO
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of Lamiliar with any accept the obligation of the state of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with the L	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ii	JAGENT AME TREET A TRY-ST-TILE TREET A AME TREET A AME TREET A AME	named corpone corporation signature required NODRESS ZIP ADDRESS ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\0000000000000000000000000000000000000
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the State of Lamiliar with any accept the obligation of the state of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with the L	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 TH 1.2 N. 1.3 S 1.4 C 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	JAGENT AME TREET A TRY-ST-TILE TREET A AME TREET A AME TREET A AME	named corpone corporation signature required NODRESS ZIP ADDRESS -ZIP ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\001/4/2/COLICOO
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of Lamiliar with any accept the obligation of the state of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with the L	of Florida. Such change was at ations of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE	Registered 13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 4.4 C 5.1 T	IDDOVE THE TREET A AME	named corpone corporation signature required NODRESS ZIP ADDRESS -ZIP ADDRESS	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	V90144/24000
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with any accept the obligation of the state of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with any accept the obligation of Lamiliar with the L	of Florida. Such change was attains of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Pi 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni	JAGENT AME TREET A AME	named corpone corporation signature required NODRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\001/2/2/COLLOCO
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the state	of Florida. Such change was attains of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 TH 1.2 N. 1.3 S 1.4 C 2.1 TH 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 M 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	JAGENT AND THE TREET A AME TREET A TREET A AME TREET A TRE	named corpone corporation signature required NODRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	VOOLA 1/2 COLOOL
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of Lamiliar with, any accept the obligation of the state	of Florida. Such change was attains of, Section 607.0505, Floring and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Pi 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.4 Ci 5.4 Ci 5.4 Ci 5.4 Ci 5.5 Ci 5.4 Ci 5.5 Ci 5.4 Ci 5. Ci 5	JAGENT AME TREET A AME	named corpone corporation signature required NODRESS ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating) ADDITIONS/CHA	/- Z	-99 DATE CERS ANI	D DIRECTO Change Change	DRS IN 12 Addition Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Feb 17, 1999 8:00am

Secretary of State

A ROBERTO CON CONTRACTOR DE PORTE ADORES ADORES

02-17-1999 90018 034 ***150.00