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

PROFIT
CORPORATION
ANNUAL REPORT
1998

POCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990			⊣	
POCU	MENT # P960	00054518 (1)			
T. Corporatio	MAR EXPORT, INC.			<u> </u>	
LODON	MAII EAI OITT, 1140-			1 2 10 (1 5 4) (10 12) (3 4) (1 24(1) 46(1) 60(1) 60(1)	8120 8180 8188 1488 1480 1870 1881
					ran Pipan Bijan kata iban
-	ce of Business	Mailing Address		1 1931(98) 116 19113 51(1) 49111 69111 69111 69111	fill 01501 01101 11001 1011 1031
		9507 S.W. 160 STREET Sutile 200			
MIAM: FL 33157 MIAM: FL 33157				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	20. Mailing Address		06/26/1996 4. FEI Number	Applied For
21		26		65-0553037	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	11	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	le .	City & State		6- Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	7 Trust Fund Contribution 4. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur		, ,	10. Name and Address of New Registers	d Agent
BO	ORRAS, LUIS		81 Name		
11425 S.W. 88 AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176					
			83		
			84 City		85 Zip Code
44 5		6500 (003 4500 F) 14 0. 17		F	
office or a	registered agent, or both, in the St	tate of Florida. Such change was a	es, the above-hamed con authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the of	bligations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	dagent and little if applicable (NOTI	Flegistered Agent signature requ	(ired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BORRAS, LUIS		1.2 NAME		
STREET ADDRESS	11425 S.W. 88 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	T eviere	1.4 CITY-ST-ZIP		
TITLE	D PODDAG FOIC	☐ DELETE	2.1 TITLE		Change Addition
NAME	BORRAS, ERIC 11425 S.W. 88 AVENUE		2.2 NAME		
STREET ADDRESS	MIAMI FL 33176		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIXIMITE 33110	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	}	<u> </u>	3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TATLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME)		6.2 NAME		CT OWNER CT MORROW
STREET ADDRESS			6.3 STREET ADDRESS		
SILVET MODE OF	I		n o others Wholego		

1. Thereby 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.

SIGNATURE:

ONDO ERIC BORRAS

4/14/98

FILED

Apr 20 1998 8:00am

Secretary of State

305/238/1320