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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Myrtham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000063577 (6)

M.A.R. INVESTMENT INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business 811 EAST 37TH STREET HIALEAH FL 33013	Mailing Address 811 EAST 37TH STREET HIALEAH FL 33013-2822			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			3. Date incorporated or Qualified 3 07/29/1996	Sa. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0691728	Not Applicable
Suite Apr. #. efc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	
Zip Count		Country 1	8. This corporation has liability for intai	
9 Name and Addr	29 30 ress of Current Registered Agent	<u> </u>	Florida Statutes Ye  10. Name and Address of New Regist	es No
ALVAREZ, MAYRA	The second of the second secon	81 Name	The state of the s	
811 EAST 37TH STREET	T	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33013			leas (1.0. Dox Hamber to Not 2000 place)	
		B3		İ
		84 City		85 Zip Code
11 Depart to the good by an of Co.	ations 607 0507 and 607 1500 Florida Clabitan	the should pared pare	paration as houte this statement for the purp	FL and the societared
office or registered agent, or bot agent it am familiar with, and ac	ctions 607.0502 and 607.1508, Florida Statutes, the in the State of Florida. Such orange was authocept the obligations of Section 607.0505, Florida	orized by the corporal a Statutes.	lion's board of directors. I hereby accept th	e appointment as registered
Signature. If led to printes fan		gistered Agent signature requi		
	OFFICERS AND DIRECTORS  DIDELETE	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
TITLE NAME	C) DETEIE	1.1 TITLE 1.2 NAME	RESIDENT	T Cusuffe
STREET ADDRESS		1.3 STREET ADDRESS	MAYRA Alvarez	
CHTY - \$1 - 716		1.4 CITY-ST-ZIP	SII F 3 F FILLY	
DDEF	DELETE	2.1 TITLE	HIMEN POUNT	Change Addition
NAME		2.2 NAME		
STREET ADDRESS:		2.3 STREET ADDRESS		
C TY+S1+ZIP	Print	2 4 CITY-ST-ZIP		[ ] Observed [ ] Addressed
1171F	DELETE	3.1 TITLE		Change Addition
NAME CORECT ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
STREET AODRESS   ONY ST. 201		3.4. CITY-ST-ZIP		
TIRE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS	i	4.3 STREET ADDRESS		
C(1Y - S1 - 7IP)		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADORESS		5.3 STREET ADDRESS		
CHY-S1 7-C	DELETE	54 CITY-ST-ZIP	,	Change Addition
T ILF	F"" DEFKIE	61 TITLE		Change Chawdillou
NAM!		6.2 NAME		
STREET ADDRESS	,	6.3 STREET ADDRESS		
CHY-S1-7IP		6.4 CITY-ST-ZIP	d in Continu 110 07/20/0 Florido Part too L	A Above and the state

4. I do 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.

SIGNATURE:

SIGNATURE AND TYPED A PRINTED NAME - SIGNING OFFICE OR DIRECTOR

9-7-72 673-559)
Date Dayline Phone #