## 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 # P9600063820 (0)

RETAMAR, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



878 S.W. 9TH : BOCA RATON		878 S.W. 9TH STREET #203 BOCA RATON FL 33486															
											-	3. Date Incorporat 07/30/1996	ed or Qualified	3a. Da	ate of Last	Report	$\neg$
2. Principal P	lace of Busin	2a. M	Mailing Ad	dress	<u> </u>		0-		4. FEI Number	0			Applied For				
21 22027 ACAPULCO CT						26 22027 ACAPULCO CT						65-067	<b>ウ8フケ</b>			Not Applicat	ole
Sulte, Apt. #, etc.						Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Ad				5 Additional Required	
23 BOCA RATON, FLORIDA					28 BOGA RATON, F.				1/01	TORIDA		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					, ]
Zip 24 354		25	USA		29]	<b>334</b>		30	ountry U.	SA		8. This corporation Florida Statutes	has liability for	intangible Yes	tax under No	s. 199.032,	
			Address of C	urrent R	egiste	red Agent	l <u></u>		1	T		10. Name and Add	ress of New Re	gistered	Agent		
	amar, Rici								81	Name							
2424 N. FEDERAL HIGHWAY SUITE 460									82	Street	Address	ddress (P.O. Box Number is Not Acceptable)				<u></u>	_
800	A RATON	FL 33	3431						83								$\exists$
									84	City				FL	85 Zig	p Code	$\exists$
OTTICE OF F	'egistered ag	jent, d	f Sections 60. If both, in the diaccept the control of the control	State of F	lorida	. Such cha	ange was	authori.	zed by	vithe corp	corpore	ation submits this sta 's board of directors	stement for the particles. I hereby acce	ourpose of	changing ointment a	j its registere as registered	d
SIGNATURE	Signature, typed	or print	ud name of register	ed agent an	d title if a	applicable.	(NO	IE Registe	ured Age	ent signature	required v	vhon re-instating)		DATE			_
12.			OFFICERS	S AND D	RECT	ORS		1:	3.		<del>_</del>	ADDITIONS/CHA	NGES TO OFFIC	CERS AND	DIRECTO	ORS IN 12	
TITLE	D						DELETE	1.1	TITLE						Change	e 🔲 Additio	on S
NAME	RETAMAF							12	NAME								
STREET ADDRESS			STREET #2	03				1.3	STREET	ADDRESS							-   8
CITY-ST-ZIP	BOCA RA	NOT	FL 33486					1.4	I CITY - S	IT-ZIP							
TITLE							DELFTE	2.1	TITLE						☐ Change	e Additio	
NAME								2.2	NAME								
STREET ADDRESS								2.3	STREET	ADDRESS							
CITY-ST-ZIP								2.	4 CHY-5	S1-ZIP							
TITLE							DELETE	3.1	TITLE				·		Change	e 🔲 Additio	on
NAME								3.2	NAME		[						
STREET ADDRESS								3.3	STREET	ADDRESS							
CITY-ST-ZIP								3.4	I. CITY-S	SI - ZIP							
TITLE							DELETE	4.1	TITLE						Change	e Additio	nc
NAME								4. 3	2 NAME								
STREET ADDRESS								4.3	STREET	ADDRESS							
CITY-ST-ZIP								4.4	CITY-S	T-ZIP		_					ļ
TITLE							DELETE	51	TITLE						Change	Additio	'n
NAME								5.2	NAME	l							
.STREET ADDRESS								5.3	STREET	ADDRESS							
CITY-ST-ZIP								5.4	CITY-S	t-zie			•				
TITLE							DELETE		TITLE						Change	e 🔲 Additio	ın
NAME								6.2	NAME								
STREET ADDRESS								6.3	STREET	ADDRESS							
CITY-ST-ZIP									CITY - S	I							
44 1 22 1 2 2 2	and the street	4L - 1-		- P - 7		err i											_

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 changes, or on an attachment with an address.