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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080754

1. Corporation Name

MARJEN IMPORT & EXPORT CORP.



Principal Place of Business

1950 WEST 54TH ST.
SUITE 218
HIALEAH FL 33012

PLEASE
Change The Address

Mailing Address

1950 WEST 54TH ST.
SUITE 218
HIALEAH FL 33012

300 SW 70TH AVE

PEMBROKE PINES, FL 33023

DO NOT WRITE IN THIS SPACE

300 SW 70TH AVE
PEMBROKE PINES, FL 33023

300 SW 70TH AVE
PEMBROKE PINES, FL 33023

2. Principal Place of Business

21 300 SW 70TH AVE

Suite, Apt. #, etc.

22 PEMBROKE PINES, FL

City & State

23 33023

Zip

Country

24 25 U.S.A.

2a. Mailing Address

26 300 SW 70TH AVE

Suite, Apt. #, etc.

27 PEMBROKE PINES, FL

City & State

28 PEMBROKE PINES, FL

Zip

Country

29 33023 30 U.S.A.

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0698285 CANCELED

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MONTOYA, HUMBERTO
1950 WEST 54TH ST. STE 218
HIALEAH FL 33012

MONTOYA HUMBERTO
300 SW 70TH AVE
PEMBROKE PINES,
FL 33023

10. Name and Address of New Registered Agent

81 Name HUMBERTO MONTOYA

82 Street Address (P.O. Box Number is Not Acceptable)

300 SW 70TH AVE

83

84 City PEMBROKE PINES, FL

85 Zip Code

33023

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUILES, DIANA

STREET ADDRESS 1950 WEST 54TH ST. STE 218

CITY-ST-ZIP HIALEAH FL 33012

TITLE STD ☐ DELETE

NAME MONTOYA, HUMBERTO

STREET ADDRESS 1950 WEST 54TH ST. STE 218

CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

300 SW 70TH AVE
PEMBROKE PINES, FL 33023.

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

300 SW 70TH AVE
PEMBROKE PINES, FL 33023.

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMBERTO MONTOYA

02/10/99

Date

(305) 436-2036.

Daytime Phone #

CR2E034 (11/98)