### 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 # P96000091352 (0)

#### MARANDREAS CORPORATION

## FILED Apr 28 1997 8:00am Secretary of State



Principal Place	e of Business	Malling Address					• 114. 124.	
4749 DEL PRAD CAPE CORAL F		4749 DEL PRADO BLVD CAPE CORAL FL 33904-9626						
					3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last R	Report	
2. Principal Pl	lace of Business 9 DEL PRAPO BLUD	28. Mailing Address	ρρΔι	DO BLUD	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	pplied For	
[21] 11		26 4729 DEL Suite, Apt. #, etc.	- N34	N DEVU		<del></del>	ot Applicable	
Su t∈, Apt. :	#, etc.	27 Suite, Apt. #, etc.			6. Certificate of Status Desired		Additional equired	
City & State	e	City & State		,	6. Election Campaign Financing	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	May Be	
23 CAPE	CORAL, FL	28 CAPE CORAL			Trust Fund Contribution	Added Added	to Fees	
24	904 Country 25	29 33904 3	Country			Yes No	s. <b>19</b> 9.032,	
	9. Name and Address of Current I	Registered Agent	B1	Name C	10. Name and Address of New Re	<del></del>		
SEEMANN, ENNEST A				>0	SCELIMANN FRANCIST A			
4749 DEL PRADO BLVD C'APE CORAL FL 33904				82 Street Address (P.O. Box Number Is Not Acceptable). 4729 DEL PRADO BLVD				
, OAT	E CONSETE 33804		83	7 /	TOLL PRISE DE	<u> </u>		
			84	City Ci		as 7in	Code	
				CILYCAP	DE CORAL, FL	FL 85 Zip	Code <b>3<i>90</i> </b>	
11. Pursuant t	to the provisions of Sections 607 0502 a	and 607.1508, Florida Statutes Florida, Such change was aut	, the above	e-named corp	poration submits this statement for the prior ion's board of directors. I hereby acceptions	urpose of changing i	its registered	
agent La	m familiar with, and ance of the smooth	ors of Scotion 607.0505, Flori	da Statute	3	(	112,10-	-	
SIGNATURE.		Men			red when reinstating)	14/71	<u>(                                     </u>	
12.	Signature, typod or printed name of registered agent OFFICERS AND		13.	sit eignatore region	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
THILE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	Busche, anoreas		1.2 NAME					
STREET ADDRESS	AM BIFANG 3A		1.3 STREET	ADDRESS				
CHY-SY-ZIP	D85375 NEUFAHRN GERMANY		1.4 CITY-9	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition C	
NAM!	BUSCHE, MARION		2.2 NAME				Į	
STREET ADDRESS	AM BIFANG 3A D85375 NEUFAHRN GERMANY		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			•		
CHY-ST-74F	D00070 NEUFARRIT GERMANT	DELETE	2. 4 CHY -: 3.1 TITLE	ST-ZIP		Change	Addition	
NAME		had vector	3.2 NAME			Similar Citating		
STREET ADORESS			3.3 STREET	ADORESS				
CITY-SI-ZIF			3.4. CITY -					
Tille		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME				İ	
STREET ADDRESS			4.3 STREET	ADDRESS			l	
CHY-ST-Z#			4.4 CITY - S	T-ZIP	······································	——————————————————————————————————————	<del>/</del>	
111LE		☐ DELETE	5.1 TITLE			La friange	Addition	
NAME			5.2 NAME	Innocoo		26 U	Tolan	
STREET ADDRESS			5.3 STREET			11111	'() (7)	
COTY - ST - ZIP TOLE		DELETE	54 City-S	ot-All		Channe	Addition	
NAME		ب مددند	6.2 NAME		70000215 -04/30/970100	363 r		
STREET ADORESS			63 STREET	ADDRESS	-U4/3U/9/U1U(	J2U12		
CITY- ST ZIF			6.4 City - 8		***165.00			
	by earlify that the information evention	with this filing does not qualify			d in Section 119 07/9Vi) Florida Statuta	e I further certify the	t the	

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 legislation of 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 12 if thanged, or on an attachment with an address.