## 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 # P96000094958 (1)

MAR BRAVO, INC.

Principal Place	e of Business	Mailing Address			I MBENIEUR HAD FOLFE BLICK BONN MONTH BONN BONN EDIN BLOVD HOLDEN ANNOW WHICH ADDR		
8101 NW 70TH AVE. TAMARAC FL 33321		BIOI NW 70TH AVE. TAMARAC FL 33321-7036					
					Date Incorporated or Qualified 11/20/1996	3a. Date of Last F	Report
2. Principal Pl	lace of Business	2a. Mailing Address	······		4. FEI Number	A	pplied For
1		26			65-073414	I N	ot Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1 7 7	Additional equired
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	ту	8. This corporation has liability for	intangiblertax under i	. 199.032,
4	25	29	30			Yes 🔼 No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
FILI	NGS, INC.		8	1 Name			
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			8	2 Street Address (P.O. Box Number is Not Acceptable)			
, ,,	D10001101102 ( B 000 )		8	3			
			8	4 City		FL 85 Zip	Code
CICNIATURE	Columnia Control and accept the Obligation of Columnia Control and Columnia Control and Columnia Control and Columnia Control and Columnia	CDUARD!	3 1770	14 W CB C,	poration submits this statement for the ption's board of directors. I hereby acceled to the property of the pr	J/1/97	,
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TiTL	E .		☐ Change	Addition
NAME	MARQUEZ, EDUARDO		1.2 NAM	IE .			
STREET ADDRESS	8101 NW 70TH AVE.		1.3 STR	EET ADDRESS			
CUTY - S1 - 7IP	TAMARAC FL 33321		1.4 CITY	'-\$T-?IP	·		
TITLE	D	☐ DELETE	2.1 TITU	E		☐ Change	Addition
NAME	MARQUEZ, CARIDAD		2.2 NAM	IE	,		
STREET AUDRESS	8101 NW 70TH AVE.		2.3 STR	EET ADDRESS	•		
City - ST - 7IP	TAMARAC FL 33321		2. 4 CIT	Y-ST-ZIP	· .		
TITLE		DELETE	3.1 TITL	E		Change	Addition
NAME			3.2 NAV	IE	,		
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY+ST 2IP	Į		3.4. CIT	Y - ST - ZIP			
TITLE		DELETE	4.1 TITL			Change	Additio
NAME			4. 2 NAI	VIE ,			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			44 CiTY	/-ST-ZIP	The second secon		
I'llf		☐ DELETE	51 TITL			Change	☐ Additio
HAME		***************************************	5.2 NAM	ie j			

14. 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-\$1-7P

THLE

NAME

DELETE

**FILED** 

May 27 1997 8:00am

Secretary of State

☐ Change

Addition