

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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90031 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000039129**

1. Corporation Name
STEFEMAR SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: BAY A-6, 2945 STATE ROAD 84, FT LAUDERDALE FL 33312
 Mailing Address: BAY A-6, 2945 STATE ROAD 84, FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified: **05/01/1997**

4. FEI Number: **65-0761921** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent: **FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, STEVE	1.2 NAME	
STREET ADDRESS	BAY A-6 2945 STATE ROAD 84	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANUEVA, OSCAR D	2.2 NAME	
STREET ADDRESS	BAY A-6 2945 STATE ROAD 84	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, MARISOL	3.2 NAME	
STREET ADDRESS	BAY A-6 2945 STATE ROAD 84	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSE R	4.2 NAME	
STREET ADDRESS	BAY A-6 2945 STATE ROAD 84	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, GERRIT A.F.	5.2 NAME	
STREET ADDRESS	BAY A-6 2945 ST. ROAD 84	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **2-10-99** DAYTIME PHONE # _____

CR2E034 (1/198)