

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040929
 1. Corporation Name
MARY-IRMA, INC.

Principal Place of Business Mailing Address

**1611 NW 16 Ave
 Homestead, FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 5, 1997

2. Principal Place of Business	2a. Mailing Address
21 340 NE 8 St	26 340 NE 8 St
22 Suite, Apt. #, etc. Bay #4	27 Suite, Apt. #, etc. Bay #4
23 City & State Homestead, FL	28 City & State Homestead, FL
24 Zip 33030 25 County USA	29 Zip 33030 30 County USA

4. FEI Number
65-0756744

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Dick Ferrer
1611 NW 16 Ave
Homestead, FL 33030

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 _____ (NOT: Registered Agent's signature required when translating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Kathleen H. Watkins	
STREET ADDRESS	16881 SW 266 Ter	
CITY-ST-ZIP	Homestead, FL 33031	
TITLE	VP/S/T	<input type="checkbox"/> DELETE
NAME	Dick Ferrer	
STREET ADDRESS	1611 NW 16 Ave	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Irma Sanseviero	
1.3 STREET ADDRESS	1611 NW 16 Ave	
1.4 CITY-ST-ZIP	Homestead, FL 33030	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary C. Sanseviero	
2.3 STREET ADDRESS	1611 NW 16 Ave	
2.4 CITY-ST-ZIP	Homestead, FL 33030	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rebecca Ferrer	
3.3 STREET ADDRESS	1611 NW 16 Ave	
3.4 CITY-ST-ZIP	Homestead, FL 33030	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****150.00**

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.

SIGNATURE: *Irma Sanseviero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/98 (305) 248-2343
 Date Daytime Phone #

CR2E034 (10/97)