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

CORPORATION **ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000043045 (8)

MAR-SOL TRADING CO.

Principal Place of Business	Mailing Address			
8560 JOHNSON ST PEMBROKE PINES FL 33024	P O BOX 840304 PEMBROKE PINES FL 33084			

FILED Apr 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			T INDÁMBI 118 JOHN SOOM DOME I	<u> </u>	BOUL BEON DIG 1981
BS60 JOHNSON ST P O BOX 840304 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33084			DO NOT W	RITE IN THIS SPACE	<u>:</u>		
					Date Incorporated or Qualifity05/15/1997	ed	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26				65-0753907		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	, LJ E	.75 Additional
City & State		City & State			Election Campaign Financir Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Country		B. This corporation owes or ha	· -	
24	25	29	30]			Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt negistered Agent		1 Name			
	MERILAWYER CHARTERED		ļ	CDTU	GEL & UTRERA, P	<u>.A. d/b/a</u>	AmeriLaw
	13 ALMERIA AVENUE ,		Į e	2 Street Addr	Almeria Avenue	ptable)	
"	ORAL GABLES FL 33134		8	 			
	/	1	L				
	/	//n		4 Coral	Gables	FL 85	⁷ 331344
11. Pursuant to office or re agent. La	o the provisions of Sections (47.05) egistered agosphiles biologically \$3.00 m familiar with, and 3.9 pt//free	Aduli 607.1508, Florida Statu Maturida Buch dilindi was Maturida Buch 607.0505, F	tes, the abo dulibiled londa Statu	ive-named corr b Amemiri es.	poration submits this statement for the property of directors. I hereby a	he purpose of chang coept the appointment	ging its registered ent as registered
	n (/\/////////////////////////////////	ray Vice-Pres				7/14/198 DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO C		
TITLE	DP t	☐ DELETE	1.1 DU	f			
NAME	SEPTIEN, CARLOS M		12 NAM	E			100
STREET ADDRESS	8560 JOHNSON ST			ET ADDRESS			Į į
CITY-ST-ZIP	PEMBROKE PINES FL 3302			- ST - ZIP			0
TITLE	DST	DELETE	2 1 1111	1	L_J Change L_J Ad-		hange LAddition C
NAME			2.2 NAM				
STREET ADDRESS	8560 JOHNSON ST			ET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 330	DELETE		7-\$1-ZIP			hange Addition
TITLE		□ tænett	3.1 TITU				Auf Tanadan
NAME OTOGET ADDRESS			3.2 NAM	ET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 TITL			□ CF	hange Addition
NAME			4. 2 NA				
STREET ADDRESS			. I	EFT ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	5.1 TITL	E		☐ C:	hange
NAME			5.2 NAN	IE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	61 TITL	F	Change A		hange Addition
NAME			62 NAN	IE			
STREET ADORESS			6 3 STR	eet address			
CITY-ST-ZIP			6.4 CITY	'-S1-ZIP			
14. I hereby o	certify that the information supplied	with this filing does not qualify	for the exer	nption stated in	Section 119.07(3)(i), Florida Statul	es. I further certify the	nat the information

or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an action or the receiver or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in