

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000047586 (7)

1. Corporation Name
MARIAR ENTERPRISES, INC.



Principal Place of Business 9002 N.W. 146TH TERRACE MIAMI FL 33018	Mailing Address 9002 N.W. 146TH TERRACE MIAMI FL 33018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7700 W. 24 AVE. N° 10 Suite, Apt. #, etc.		2a. Mailing Address 26 7700 W. 24 AVE. Suite, Apt. #, etc. 27 N° 10		3. Date Incorporated or Qualified 05/29/1997	
22 City & State 23 Hialeah, FL.		27 City & State 28 Hialeah, FL.		4. FEI Number 65-0758065	
24 33016		29 33016		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LUIS, ARMANDO 9002 N.W. 146TH TERRACE MIAMI FL 33018				10. Name and Address of New Registered Agent 81 Name 82 MARIA R. LUIS 83 Street Address (P.O. Box Number is Not Acceptable) 7700 W. 24 AVE. N° 10 84 City Hialeah FL 85 Zip Code 33016	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Maria R. Luis* (NOTE: Registered Agent signature required when reinstating) DATE 03/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, ARMANDO	1.2 NAME	
STREET ADDRESS	9002 N.W. 146TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, MARIA R	2.2 NAME	
STREET ADDRESS	9002 N.W. 146TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 registered agent 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, on an annual report with an address.

SIGNATURE: *Maria R. Luis* 03/11/98 (305) 823-2334

CR2E034 (10/97)