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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000031189

MARRERO, INC.

Principal Place of Business

SIGNATURE

STREET ADDRESS

SIGNATURE:

Mailing Address

DO NOT WRITE IN THIS SPACE

May 17, 1999 8:00 am Secretary of State

05-17-1999 90085 031 ***150.00

R545 W. SOTH STREET 2545 W. SOTH STREET
BAY#1
HIALEAH, FL33016 HIALEAH, FL 33016 3. Date Incorporated or Qualifed, 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zio Country This corporation owes the current year Intangible 25 29 Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OMAR MARRERO Street Address (P.O. Box Number is Not Acceptable) 2545 W. SOTH STREET 83

HIALEAH, FL 33016 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.

(NOTE: Registered Agent signature required w

City

Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. RESIDENT DELETE [Change ☐ Addition 1.1 TITLE TITLÉ OMAR MARRERO 2545 W. SOTH STREET, BAY#1 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP VICE- PRESIDENT DO OMAR DANIEL MARKERO Change ☐ Addition TITLE 2.1 TITLE NAME 2545 W. SOTH STREET, BAY #1 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition ☐ Change 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE 52 NAME

6.3 STREET ADDRESS

NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME

64 C/TY-ST-7IP 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.

Change

☐ Addition

CR2E034 (11/98)

Zip Code