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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

P98000034643 [#]

DOCUMENT #
1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90041 010 ***150.00

MAR RE	ALTY INVESTMENTS CORP		,						
Principal Plac	ce of Business	Mailing Address		•	,				
JUDO COLLINO RELITORITATION		5500 COLLINS AVE. AI							
MIAMI BEACH FL 33140		MIAMI BEACH: FL 33140			}	DO NOT WRITE IN THIS SPACE			
					1 3	3. Date Incorporated or Qualife	d		
						04/13/1998			
		2a. Mailing Address	·					A	pplied For
	Place of Business	 			٠ .	4. FEI Number 8 29 3 9 /		N	ot Applicable
21		Suite, Apt. #, etc.						\$8.75	Additional
Suite, Apt.	#, etc.	 			5	5. Certifcate of Status Desired		-	equired
22		27 City & State				6. Election Campaign Financing	<u> </u>	\$5.00	May Be
City &: Stat	le_ <u>====================================</u>	·			[-3	Trust Fund Contribution	' . 🗆		to Fees
23	Country	Zip	Cou	intry		8. This corporation owes the cu	rrent year Inta	angible	
Zip	25	29	30	•		Personal Property Tax.	·	Yes	MNO
24	9. Name and Address of Curren				10	0. Name and Address of New	Registered /	Agent	
	5. Name and Address of Contain	- Itogramma - Igo-		81 Name	•				
EXP	OSITO, SIGMUND		,	22 21	1 d d d o o o o	/D.O. Boy Number is Not Accer	stable)		
	0 COLLINS AVE. APT. 1401		*	82 Stree	t Address ((P.O. Box Number is Not Accept	naulo)		·
	MI BEACH FL 33140			83					
								7:-	Codo
	• '	•		84 City			FL	85 Zip	Code
, ,	A CONTRACTOR OF THE CONTRACTOR					`		changing it	s registered
14	the the provisions of Sections 607 050	2 and 607 1508 Florida SI	atutes; the a	bove-name	d corporati	ion submits this statement for th	ie purpose or	changing it	:-i-id
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida St of Florida. Such change w	atutes; the a	bove-name d by the cor	d corporati poration's l	tion submits this statement for the board of directors. I hereby acc	ept the appoin	ntment as r	egistered
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida St of Florida. Such change witions of, Section 607.0505,	atutes; the a as authorized Florida Stat	bove-name d by the cor lutes	d corporati poration's	ion submits this statement for the board of directors. I hereby acc	ept the appoin	ntment as n	egistered
11. Pursuant office or agent. I a	am familiar with, and accept the conga	uona or, document der tagas	atutes; the a as authorized Florida Stat			en reinstating)	DATE		
agent. 1 a	Signature, typed or printed name of registered ager	and title if applicable.	,,				DATE	ID DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	and little if applicable. (ID DIRECTORS	NOTE Registered	d Agent signatur		en reinstating)	DATE		
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	and little if applicable. (ID DIRECTORS	NOTE Registered	d Agent signatur		en reinstating)	DATE	ID DIRECT	ORS IN 12
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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 authorized with an address, with all other like empowered.

SIGNATURE:

ATTRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/9

30t 494-1533

= 111

=3#

Daytime Phone #