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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000036954

G & R M	IARINE IMPORT/EXPORT,	INC.						
Principal Place of Business Mailing Address								
13027 SW 122ND AVE 13027 SW 122ND AVE MIAMI FL 33186 MIAMI FL 33186							10 0DA0E	
						DO NOT WRITE IN TH	IS SPACE	<del></del>
						3. Date Incorporated or Qualifed 04/23/1998		
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 65 - 0839946	<u> </u>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	<b>\$8.75</b> A	
City & State City & State					···· ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country 25	Zip 29	30 Cor	untry		This corporation owes the current year     Personal Property Tax.		□No
24	g Name and Address of Curre		1301			10. Name and Address of New Registere	d Agent	
-	5. Hallie and Hadicas of Gallie			81	Name			
GONZALES, PEDRO A 13027 SW 122ND AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	411 <del>-</del>	<del></del>	
MIAMI FL 33186			83				~ <u></u>	
				84	City	F	<b>L</b> 85 Zip 0	Code
office or r	to the provisions of Sections	e of Florida. Such change was pations of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corporatio	oration submits this statement for the purpose n's board of directors. I hereby accept the appropriate the purpose when reinstating)	pointment as reg	gistered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D	☐ DELETE	DELETE 1.1 TE			<del></del> -	Change	☐ Addition
NAME	GONZALES, PEDRO R		IAME					
STREET ADDRESS	ARROT OUL ADDID AND		TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186 14		1.4 0	HTY-S	T- ZIP			
TITLE	☐ DELETE 2.1		2.1 T	2.1 TITLE			Change	☐ Addition
NAME			2.21	IAME				
STREET ADDRESS			2.3 8	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			FT Addition
TITLE	1		3.1 T				Change	Addition
NAME	}		3.21	IAME				
STREET ADDRESS			3.3 8	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE		☐ DECE IE	and the second	ITLE				☐ Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			P-S	T- ZIP				
		[] DELETE					Change	I I BUUITION
TITLE		☐ DELETE		ITLE			Change	Addition
NAME		☐ DELETE	5.2 N	AME	r Anneese		Change	L.) Addition
NAME STREET ADDRESS		☐ DELETE	5.2 N 5.3 S	AME TREET	FADDRESS		Change	Addition
NAME		☐ DELETE	5.2 N 5.3 S 5.4 C	AME			☐ Change	Addition

6.4 CITY-ST-ZIP 14. 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 suppliemental 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 colporation 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 charged, of or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: >

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-251-9540