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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041662

MARI INC! TOOLS INC

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90129 002 ***150.00

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Principal Pla	on of Dunia								
1	ce of Business	Mailing Address				nas sea kasan sahit aatid aatid	III. Da disi BB (11 4 2		
MIAMI FL 331	H ST CIRCLE #103 72	10020 NW 9TH ST CIRCL MIAMI FL 33172	E #103						
						DO NOT WRIT	E IN THIS	SPACE	
						porated or Qualifed			
2. Principal	Place of Business	2a. Mailing Address			05/07/19				
21		26			4. FERMANDE				opplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.							lot Applicable Additional
22 Situ & State		27		5, Certifcate of	of Status Desired		Fee Required		
City & Sta	te	City & State			6. Election Ca	mpaign Financing		\$5.00	May Be
Zip	Country	28	<u> </u>			Contribution	_U	Added	to Fees
24	25	Zip	Countr	у	8. This corpor	ation owes the curre			
	9. Name and Address of Current	29 Registered Agent	30			roperty Tax.		Yes	D≱No
	·	. tog.otorou rigoni	8.	1 Name	10. Name and	Address of New Re	egistered A	gent	
	irraga, jorge l		ļ						
10020 NW 9TH ST CIRCLE #103			82	2 Street Add	eet Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33172		83	3	<u> </u>				
			84				FL		Code
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statut	tes, the abov	e-named con	poration submits this	statement for the ni	FL urnose of ch	anging its	ragistarad
office or a			urthorized by			orate more for the pr	All a see of Cit	ianging iis	nietorod
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607,0505. Flo	rida Statute	the corporati	ion's board of direct	ors. I nereby accept	me appointr	ment as re	gistered
office or r agent. I a SIGNATURE	, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rida Statutes	the corporati	ion's board of direct	ors. I nereby accept	ine appointr	ment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	maa otatales	.	ed when reinstating)	ors. I hereby accept	DATE	ment as re	
SIGNATURE	Signature, typed or printed name of registered agent ar OFFICERS AND	nd title if applicable. (NOTE	: Registered Age	.	ed when reinstating)		DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent at OFFICERS AND	nd title if applicable. (NOTE	Registered Age	.	ed when reinstating)	CHANGES TO OFFI	DATE CERS AND		DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent ar OFFICERS AND PD LIZARRAGA, EVA MARIELA	nd title if applicable. (NOTE	13. 1.1 TITLE	nt signature require	ed when reinstating)		DATE CERS AND	DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent are OFFICERS AND PD LIZARRAGA, EVA MARIELA 10020 NW 9TH ST CIRCLE #103	nd title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)		DATE CERS AND	DIRECTO	DRS IN 12
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SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #