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

**PROFIT CÒRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102981

MARAO MACHINERY ELECTRONIC INC.

Principal Place of Business

Mailing Address

28921 SOUTH DIXIE HIGHWAY LEISURE CITY FL 33033

28921 SOUTH DIXIE HIGHWAY LEISURE CITY FL 33033

**FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90278 049 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired Fee Required  City & State  City & State  Suite, Apt. #, etc.  5. Certifcate of Status Desired Fee Required  Fee Required  \$5.00 May Be								12/10/1998		
Sulfe, Apt. 8, etc.    Sulfe, Apt. 8, etc.	2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For		
City & State  Ci	21		26							
City & State    City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					E Cortificate of Status Desired		
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangable   Name and Address of Current Registered Agent   S. This corporation owes the current year intangable   Name and Address of Current Registered Agent   S. This corporation owes the current year intangable   Name and Address of Current Registered Agent   S. This corporation owes the current year intangable   Name and Address of New Registered Agent   Name and Address of New Registered Agent   S. This corporation was not a corporation administ nits attended to the corporation administ nits attended for the purpose of changing its registered difference or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, are terminar with, and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNATURE   Signatur	22		27							
Zip   Country   Zip   Country   Zip   Country   R. This corporation owes the current year intangible   Country   Zip	City & Stat	0	$\vdash$	City & State						
8. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  9. Name and Address of New Registered  9. Name and Agent a	23[		28	_ <del>_</del>				Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent  GONCALVES, ESSI A 28921 SOUTH DIXIE HIGHWAY LEISURE CITY FL 33033  44 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 807,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In mellinar with, and accept the obligation of, Section 670 6506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In mellinar with, and accept the obligation of, Section 670 6506, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. TITLE			$\vdash$	∠ip	_	ıntry		i menta entre		
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GONCALVES, ESSI A 28921 SOUTH DIME HIGHWAY LEISURE CITY FL 33033  84 City FL 85 Zip Code  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 agent. It am familiar with, and accept the odiginator of professions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the odiginators of Section 607.0505, Florida Statutes.  SIGNATURE Signature, byeed or proget name of registered agent and use if application.  PUT PROJECT ON THE SIGNATURE Signature byte corporation's board of directors. I hereby accept the appointment as registered agent statutes.  SIGNATURE Signature, byeed or proget name of registered agent agent are use if application.  PUT PROJECT ON THE SIGNATURE Signature byte corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the odifical Statutes.  SIGNATURE Signature, byeed or proget name of registered agent agent are signature registered agent age		9. Name and Address of Current	Regis	stered Agent		<del></del>				
28921 SOUTH DIXIE HIGHWAY LEISURE CITY FL 33033  14 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1506. Florids Statutes the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Rocks. Such 607.6505. Florids Statutes are corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607.6505. Florids Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE  DELETE  1 ITIE  DOMOCALVES, ESSI A  STREET ADDRESS  CITY-ST-7P  LEISURE CITY FL 33033  DELETE  2 ITIE  2 ITIE  2 ITIE  3 ITIE  3 ITIE  3 ITIE  4 Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  3 ITIE  3 ITIE  3 ITIE  3 ITIE  4 Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  3 ITIE  3 ITIE  3 ITIE  4 Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  3 ITIE  3 ITIE  Change Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  5 ITIE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  5 ITIE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-7P  TULE  DELETE  5 ITIE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-7P  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-7P  Change Addition  Addition  Addition  Addition  Addition  ADDRESS  ACTY-ST-7P  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  ACTY-ST-7P  Change Addition  Addition  ADDRESS  ACTY-ST-7P  Change Addition  Addition  ADDRESS  ACTY-ST-7P  Change Addition  Addition  ADDRESS  ACTY-ST-7P  ADDRESS  ACTY-ST-7P  ADDRESS  ADD	CONCALVES ESSIA					of Name				
LEISURE CITY FL 33033  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 807 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12— TITLE D STREET ADDRESS SUITH DINIE HIGHWAY  12. STREET ADDRESS SUITH DINIE HIGHWAY  13. STREET ADDRESS SUITH DINIE HIGHWAY  14. CITY 57. JP  15. TITLE  1						82 Street Address (P.O. Box Number is Not Acceptable)				
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Signature, hyped or printed name of registerine agent and steel registerine. (PATE Repostered Agent sequence of vehicle required when reinstating)   DATE	office or r	egistered agent, or both, in the State of	f Flori	da. Such change was at	uthorized	d by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
12.	SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE.	. Registered	i Agen	t signature required	d when reinstating) DATE		
STREET ADDRESS   A   12 NAME     13 STREET ADDRESS	12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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		partify that the information supplied with	thie 6	filing does not qualify for			_ {	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.

SIGNATURE: