PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01120

1. Corporation Name

MULTIMAR PRODUCTS, INC.

Principal Place	e of Business	171	aling Address						
4503 NW 103 A	IVE	450	03 NW 103 AVE						
SUITE 103	٠,	SU	IITE 103						
SUNRISE FL 33	351	\$U	inrise fl 3335†			DO NOT	WRITE IN THIS	SPACE	
US `		US	}			Date Incorporated or Qua	lifed		
						09/19/1990			}
2. Principal Pl	lace of Business	2a.	Mailing Address			4. FEI Number			Applied For
-	idea of Edallicas	·1				65-0221759			Not Applicable
21	#	26	Suite, Apt. #, etc.			00 022 17 03			Additional
Suite, Apt.	#, etc.					5. Certifcate of Status Desire			Required
22	The second secon	27	** ** ** ** ***			·	. • • • •	-	
City & State	e	\vdash	City & State			. 6. Election Campaign Finance	cing 🗆	•	O May Be
23	4.00	28				Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Coun	гу	8. This corporation owes the	current year Into		
24	25	29		30		Personal Property Tax.		Yes	□No
1	9. Name and Address o	f Current Regis	stered Agent			10. Name and Address of N	ew Registered	Agent	
					1 Name				
COR	NEJO, RICARDO A.								
	NW 103 AVE		82		Street /	eet Address (P.O. Box Number is Not Acceptable)			
	E 103			[1	3				į
SUN	RISE FL 33351			ļ.	A City			85 Zi	p Code
				- '	4 City		FL	05 2	p code
44 Durewent	to the provisions of Sections	607 0502 and 6	07 1508 Florida Statu	ites the abi	ve-named	corporation submits this statement fo	r the purpose of	changing	its registered
	egistered agent or both in th	he State of Florid	da. Such change was	authorized I	ov the corpo	pration's board of directors. I hereby	accept the appoin	ntment as	registered
office or ri	m familiar with, and accept th	he obligations of	f, Section 607.0505, FI	orida Statut	es.				
office or re agent. I as	m familiar with, and accept the	he obligations of	f, Section 607.0505, FI	orida Statut	es.		DATE		
office or re agent. I as	Signature, typed or printed name of reg	ne obligations of	if applicable. (NOT	orida Statut	es.	equired when reinstating)	DATE		TODE IN 12
office or reagent. I as SIGNATURE	Signature, typed or printed name of reg	he obligations of	if applicable. (NOT	E: Registered A	gent signature re	equired when reinstating) ADDITIONS/CHANGES TO			
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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90104 030 ***150.00

CR2E034 (11/98)