

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S18013 (0)

1. Corporation Name

MARES OVERSEAS U.S.A., INC.



Principal Place of Business

C/O MARTIN E PONS  
BOX 110839  
MIAMI FL 33158

Mailing Address

C/O MARTIN E PONS  
BOX 110839  
MIAMI FL 33158

3. Date Incorporated or Qualified  
12/07/1990

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 13727 S.W. 152 ST.

26 13727 S.W. 152 ST.

4. FEI Number

65-0334245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

22 SUITE 325

27 Suite, Apt. #, etc.

27 SUITE 325

23 City & State

23 MIAMI, FL

28 City & State

28 MIAMI, FL

24 Zip

24 33177

Country

29 Zip

29 33177

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONS, MARTIN  
169 E FLAGLER ST #1517  
MIAMI FL 33131

81 Name

MARTIN E. PONS

82 Street Address (P.O. Box Number is Not Acceptable)

82 800 S. BISCAYNE BLVD.

83

84 City

MIAMI

FL

85 Zip Code

33131

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 office or registered agent, or 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
NAME: PONS, MARTIN E.  
STREET ADDRESS: 8400 N KENDALL DR  
CITY-ST-ZIP: MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)