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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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S25676

(5)

MARED IMPORT, INC.

FILED	
May 08 1998 8:00an	n
Secretary of State	

			er en general	· · · · · · · · · · · · · · · · · · ·	
Principal Plac	e of Business	Mailing Address		r somming and reday production of the Billion	IDEL BIBIT BIBIS BIBIS BIBIS 184
691 W. 49 S		3425 SW 130 AVE.			
HIALEAH FL	33012	MIAMI FL 33175		DO NOT WRITE IN THE	S SPACE
US				3. Date Incorporated or Qualified	3 STAGE
				01/17/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		65-0243339	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	_
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curro	ent Registered Agent		10. Name and Address of New Registers	d Agent
	ARIN, ILIANA		81 Name		
	25 SW 130 AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
Mi	AMI FL 33175				
			83		
			84 City		85 Zip Code
	_			F	
agent. I a SIGNATURE	im familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505, Flo	Prida Statutes.	ation's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	MARIN, ILIANA		1.2 NAME		
STREET ADDRESS	3425 SW 130 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DEL ete	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 CITY+ST-ZIP		
TITLE		DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	B		5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	pertify that the information supplied	with this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or s	director of the corporation or the re or Block 13 if changed, or on an att	ceiver or trustee empowered to e achment with an address.	urate and that my signatu execute this report as rec	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	it my name appears in
SIGNAT	URF: Sh'au	ra llam		4/26/98 (30)8	21-7559