

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ~~24~~ OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S35198 (8)

1. Corporation Name

LA MARINERA INC.



Principal Place of Business

Mailing Address

9899 A SW 40 ST  
MIAMI FL 33165  
US

9899 A SW 40 ST  
MIAMI FL 33165  
US

3. Date Incorporated or Qualified  
03/04/1991

3a. Date of Last Report  
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 4011 W FLAGLER ST

22 City & State

27 Ste 403  
28 MIAMI, FLORIDA

24 Zip Country

29 33134 30 DAD8

4. FEI Number

65-0248445

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAZO, RAMIRO  
4205 SW 97 AVE  
MIAMI FL 33165

81 Name RODRIGUEZ, GUILLERMO

82 Street Address (P.O. Box Number is Not Acceptable)  
7939-41 WEST DRIVE Apt 101

84 City NORTH Bay Village FL 85 Zip Code 33141

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]*

(NOTE: Registered Agent signature required when re-appointing)

07/09/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS  
NAME GAZO, RAMIRO  
STREET ADDRESS 4205 S.W. 97TH AVE.  
CITY-ST-ZIP MIAMI FL

11 TITLE PDS  
12 NAME RODRIGUEZ, GUILLERMO  
13 STREET ADDRESS 7939-41 WEST DRIVE Apt 101  
14 CITY-ST-ZIP NORTH Bay Village FL 33141

TITLE TVD  
NAME GAZO, ESPERANZA  
STREET ADDRESS 4205 S.W. 97TH AVE.  
CITY-ST-ZIP MIAMI FL

21 TITLE TVD  
22 NAME DIAZ, ADELEA  
23 STREET ADDRESS 4160 SW 69 Ave  
24 CITY-ST-ZIP MIAMI FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-02-96

221-4808

Date

Registration Fee #

CR2E034 (3/96)