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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S35198 (8)

1. Corporation Name
LA MARINERA INC.

Principal Place of Business

9699 A SW 40 ST
MIAMI FL 33165
US

Mailing Address

9699 A SW 40 ST
MIAMI FL 33165-3977
US



3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
07/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0248445

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. 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

GAZO, RAMIRO
4205 SW 97 AVE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

GUILLERMO RODRIGUEZ

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

4011 WEST FLAGLER ST. 403

83

MIAMI, FLORIDA 33134

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 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 fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ADELFA DIAZ ☒ PRES. ☐ Change ☒ Addition
1.2 NAME 9410 S.W. 79 ST
1.3 STREET ADDRESS MIAMI FL 33172
1.4 CITY-ST-ZIP

2.1 TITLE GUILLERMO RODRIGUEZ ☒ SBO ☐ Change ☒ Addition
2.2 NAME 7941 WEST DRIVE APT 101
2.3 STREET ADDRESS NORTH BAY VILLAGE 33141
2.4 CITY-ST-ZIP

3.1 TITLE ALBERTO DIAZ ☒ VICE PRES ☐ Change ☒ Addition
3.2 NAME 9410 S.W. 79 ST
3.3 STREET ADDRESS MIAMI, FL 33172
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO DIAZ

Date

Daytime Phone #

CR2E034 (9/96)