

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90148 035 ***150.00

DOCUMENT # V23491 (6)

1. Corporation Name MARATRADING, INC.

Principal Place of Business 7500 N.W. 41st STREET SUITE 106 MIAMI, FL. 33166
Mailing Address 7500 NW 41st STREET SUITE 106 MIAMI, FL. 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/92

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No
25	29		
	30		

9. Name and Address of Current Registered Agent

ALOM, ALFREDO
600 NW 43 CT
MIAMI, FL. 33166

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	ALOM, ALFREDO	1.2 NAME	
STREET ADDRESS	600 NW 43 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33166	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Change Addition
NAME	CAMEJO, VICENTE E.	2.2 NAME	
STREET ADDRESS	600 NW 43 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33166	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Change Addition
NAME	GARCIA, CARLOS	3.2 NAME	
STREET ADDRESS	8533 S.W. 5th STREET SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINE, FL.	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* 4-21-99 305 594-6963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #