

V62595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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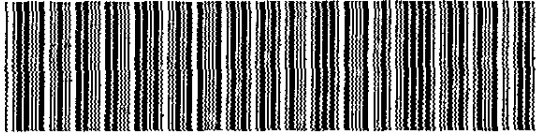
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAREX, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** V62595

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. SCHWEDER  
(Name of Person)

MAREX, INC.  
(Name of Firm/Company)

2701 S. BAYSHORE DR. 5<sup>TH</sup> FL  
(Address)

MIAMI, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

DALE SCHWEDER at (305) 285 2003  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

03 MAY -2 PH 3:03

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, DAVID A. SCHWEDEL, hereby resign as D. PRES., C.  
(Title)

of MAREX, INC.  
(Name of Corporation)

V62595, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314