

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

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**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K19701 (7)

1. Corporation Name:
MARJU CORP.



Principal Place of Business 169 E FLAGLER ST SUITE 1600 MIAMI FL 33131 US	Mailing Address 169 E FLAGLER ST SUITE 1600 MIAMI FL 33131-1211 US
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3. Date Incorporated or Qualified 03/31/1988	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0040191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT
111 SW 3
6 FL
MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, JUDITH	1.2 NAME
STREET ADDRESS	169 E FLAGLER 1620	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, MARTIN	2.2 NAME
STREET ADDRESS	169 3 FLAGLER 1620	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, CARLOS	3.2 NAME
STREET ADDRESS	169 E FLAGLER 1620	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, DANYA	4.2 NAME
STREET ADDRESS	169 E FLAGLER 1620	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, ELSA	5.2 NAME
STREET ADDRESS	169 E FLAGLER, STE 1600	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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:  **Danya Lindenfeld** 2/17/97 (305) 377 8832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)