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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19701

(7)

MARJU CORP.

FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business				Mailing Address					T TOREGUIT DOT STATE TRUIT (BOTT CONTRA			idil Gibil tool
169 E FLAGLER ST				169 E FLAGLER ST								
SUITE 1600				SUITE 1600					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 US				MIAMI FL 33131 US				3	3. Date Incorporated or Qualified			
				•				"	03/31/1988			
2. Principal F	Place of Busi	ness	2a.	Mailing Address				4	, FEI Number		17	Applied For
21				26					65-0040191		ļ ļ	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-			\$8.75	Additional	
22			27					. Certificate of Status Desired		Fee F	Required	
City & State				City & State			6.	, Election Campaign Financing			0 мау Ве	
23			28	Zip Country			<u> </u>	Trust Fund Contribution			d to Fees	
Zip	Country			, <u> </u> ,				8. This corporation owes or has paid the cu			urrent year Intangible Yes XNo	
24	0 Name	25 and Address of Curr	29	tered Agent	30	т		10	Personal Property Tax due Jun Name and Address of New R			LA NO
114			on riogio	toros Agont		81	Name	10	, Harro una Addropa di Hon II	Bistores		eogn .
	IRRIS, ELLI	UII				L					\ si	meholda
111 SW 3 6 FL						82	Street Ad	idress (i	P.O. Box Number is Not Accepta	ble)		
	-L Ami Fl 331	30				83						
MIN	AMILE SOL	30										
						84	City			FL	_ 85 Zip	o Code
office or i	registered as	sions of Sections 607.0 gent, or both, in the Sta ith, and accept the obl	ite of Florid	da. Such change wa	s authorize	ed by	the corpor	orporation's	on submits this statement for the board of directors. I hereby acce	purpose (pt the ap	of changing pointment a	its registered s registered
La	Signature, typec	or printed name of registered a					nt signature req			DATE		
12.	<u> </u>	OF ICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OFFI	CERS AN		
TALE	DVP	ECID BIOTTI		☐ DELETE		TILE					☐ Change	Addition
NAME LINDENFELD, JUDITH STREET ADDRESS 169 E FLAGLER 1620				1.2 NAME								
STREET ADDRESS	MIAMIF						ADDRESS					
CITY-ST-ZIP TITLE	DVP	<u>'L</u>		DELETE	217	ITLE	T-ZIP				Change	Addition
NAME		FELD, MARTIN		□ orten	- 1	AME	}		•		Onlinge	LJ /szestion
STREET ADDRESS		LAGLER 1620					ADORESS					
CITY-ST-ZIP	MIAMI F					CITY - S	- 1					
TITLE	DP	<u></u>		DELETE	3.11		···				Change	☐ Addition
NAME	UNDEN	FELD, CARLOS			3.21	IAME						
STREET ADDRESS		LAGLER 1620			3.3 5	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI F	i			3.4.	CITY - 9	5T- <i>7</i> IP					
TITLE	S			DELETE	4.1 1						Change	Addition
NAME	LINDEN	FELD, DANYA			4. 2	NAME						
STREET ADDRESS	169 E F	LAGLER 1620			4.3 9	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI F	L			4.4 0	IIY-S	T-ZIP					
TITLE	۷P	_		DELETE	511	ITLE	1		·		Change	Addition
NAME		feld, e lsa			521	EAME						
STREET ADDRESS		LAGLER, STE 1600			535	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI F	L			5.4 (aly-s	1 - ZIP					
TITLE				DELETE	6.1 7	ITLE					Change	Addition
NAME					6.2 N	AME.						
STREET ADDRESS					635	TREE1	ADDRESS					
CITY - ST - ZIP					6.4 0	ITY-S	1-7iP					

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 amount 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 13 if changed, or on an attachment with an address

SIGNATURE

Vunden Sell (

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1-28-98