# SIGNATURE: BRUCE E. LAZAR

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

VICE-PRESIDENT

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# M89036

#### Entity Name: MAROLA CORPORATION

#### **Current Principal Place of Business:**

605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139

### **Current Mailing Address:**

605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139

### FEI Number: 59-1870577

### Name and Address of Current Registered Agent:

LAZAR, BRUCE E 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT
Name	LOWENSTEIN, ALFREDO	Name	LOWENSTEIN, DIEGO
Address	SALITA CARLO BOSSOLI 3	Address	605 LINCOLN RD 5TH FL
City Ctata Zia		City-State-Zip:	MIAMI BEACH FL 33139
City-State-Zip:	LUGANO SW 6900		
Title	DV	Title	DV
		Name	LOWENSTEIN, FLAVIA
Name	LOWENSTEIN-BOANO, PAULA	Address City-State-Zip:	
Address	605 LINCOLN RD 5TH FL		605 LINCOLN RD 5TH FL
City Ctata Zin			MIAMI BEACH FL 33139
City-State-Zip:	MIAMI BEACH FL 33139		
<b>T</b> :0 -		Title	VS
Title	DV	Name	LAZAR, BRUCE
Name	LOWENSTEIN, CARLA	Address City-State-Zip:	605 LINCOLN ROAD - 5TH FLOOR
Address	605 LINCOLN RD		
City State Zin:	MIAMI BEACH FL 33139		MIAMI BEACH FL 33139
City-State-Zip:	INIAINI DEAGH FL 33139		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

# FILED Apr 17, 2019 Secretary of State 5233298796CC

Certificate of Status Desired: No

04/17/2019 Date

Date