FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005182 (9)**

1. Corporation Name

MARELLE, INC. OF DELAWARE

Principal Place of Business	Mailing Address
17388 ANTIGUA POINT WAY BOCA RATON FL 33487-1005	17388 ANTIGUA POINT WAY BOCA RATON FL 33487-1005

3. Date Incorporated or Qualified: **10/24/1995**

3a. Date of Last Report:

4. FEI Number: **65-0607613** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

	2. Principal Place of Business	2a. Mailing Address
21/26	1425A SE 17th St.	1425A SE 17th St.
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
24/29	Zip: 33316	Zip: 33316
25/30	County: BROWARD	County: BROWARD

9. Name and Address of Current Registered Agent

PICCIANO, ARTHUR
4373 CARAMBOLA CIRCLE SO.
COCONUT CREEK FL 33066

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. Said changes are authorized, the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WEISS, MARILYN R		2 NAME	
STREET ADDRESS	17388 ANTIGUA POINT WAY		3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487-1005		4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	PICCIANO, ELEANOR		6 NAME	
STREET ADDRESS	17388 ANTIGUA POINT WAY		7 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487-1005		8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	25 TITLE	☐ Change ☐ Addition
NAME			26 NAME	
STREET ADDRESS			27 STREET ADDRESS	
CITY-ST-ZIP			28 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information I supplied with this filing is true, complete and accurate. I further certify that the information indicated on this report or supplemental report is true, complete 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 attached sheet, with an address.

SIGNATURE: Eleanor Picciano — 3/23/96 — (954) 462-3399

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