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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F95000005182 (9)

MARELLE, INC. OF DELAWARE

Principal Place of Business Mailing Address								
1425 A SE 17TH ST FT LAUDERDALE FL 33316 US		1425A SE 17TH ST FT LAUDERDALE FL 33316-1709 US						
					3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report 04/09/1996		
<del></del>	ace of Business	2e. Mailing Address			4. FEI Number 65-0607613	Applied	[	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			Not Appl			
22]		27	<del> </del>		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May E			
23] Zip	Country	28 Zip	Countr	У	Trust Fund Contribution  8. This corporation has liability for i			
24	25	29	30			Yes No	132.	
	9. Name and Address of Current	Registered Agent		· T	10. Name and Address of New Re-	gistered Agent		
	XANO, ARTHUR		61	Name				
4973 CARAMBOLA CIRCLE SO.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
COCONUT CREEK FL 33066			83	3				
			84	City		FL 85 Zip Code		
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607,1508, Florida Statute f Florida. Such change was a ions of, Section 607.0505, Flo	es, the abou athorized b rida Statute	/e-named corp by the corporat es.	poration submits this statement for the p tion's board of directors. I hereby accep		stered ered	
SIGNATURE								
12.	Signature, typed or printed name of registered agent OFFICERS AND		Hegistered Ag	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTORS IN 1	2	
TITLE	DELICERS AND	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	AUDITIONS/OFFANGES TO OFFIC		Addition	
NAME	WEISS, MARILYN R		1.2 NAME			_		
STREET ADDRESS	17388 ANTIGUA POINT WAY		1.3 STREE	T ADDRESS	•			
CITY+ST-ZIP	BOCA RATON FL 33487-1005		1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE			☐ Change ☐ A	Addition	
NAME			2.2 NAME					
STREET ADDRESS	17388 ANTIGUA POINT WAY			ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487-1005		2.4 CHY-S1-ZIP			☐ Change ☐ A	Addition	
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME			□ mange □ e	100111002	
NAME STREET ADDRESS				T ADDRESS				
•			3.4. CITY -					
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	21-71	<del></del>	Change A	Addition	
NAME			4. 2 NAME	<u>.</u>				
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		DELETE	5.1 TITLE			Change A	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST - ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ A	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	S1 - 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 12 or an an afacthment with an address.