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

FILED May 21 1998 8:00am Secretary of State

| 1. Corporation | | 4915 (1) | | | | | |
|--|--|---|---|-----------------------|---|---------------------------|------------------|
| - | MARIE APTS., INC. | ` ' | | | | | |
| HOUL N | MANIE AI 10% INO | | | | E LEGENIA ANN DENN ANGLA NOTAL CERTA AND ANGLE BURN AND | In dedel debel deter debe | ii 18 2 1 |
| | | | | | | | |
| Principal Place of Business | | Mailing Address | Mailing Address | | | II BIBII BIBII BIBII BIBI | # 101 |
| 4236 CHASE AVE | | • | 4236 CHASE AVE | | | | |
| MIAMI BEACH FL 33140 | | MIAMI BEACH FL 33140 | | | | | |
| US | | US | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | La Alexandra | | 03/19/1986 | | |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applie | |
| 21 Suite Ant | # oto | 26 Suite Act # 010 | Suite, Apt. #, etc. | | 59-2675202 | \$8.75 Addi | oplicable |
| Suite, Apt. | #, BIG. | k | k | | 5. Certificate of Status Desired | Fee Requir | |
| City & State | 9 | City & State | City & State | | E Floring Compaign Financing | \$5.00 May | |
| 23 | , | } -¬ ′ | 28 | | Election Campaign Financing Trust Fund Contribution | Added to Fe | |
| Zip | Country | 7 _(p) | Country | | This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | • | Personal Property Tax due June 30. | Yes 🔀 No | |
| Name and Address of Current Registered Agent | | | 1241 | | 10. Name and Address of New Registered | Ágent | |
| AM | BERS. RITCHIE | | 81 | Name | | | |
| | 6 CHASE AVE | | 82 Street Ac | | ress (P.O. Box Number is Not Acceptable) | | |
| | MI BEACH FL 33140 | | 62 Street Add | | ress (1.0. box Horrison is Not Nobeliable) | | ŀ |
| **** | | | 83 | | | | |
| | | | 84 City | | | 85 Zip Cod | |
| | | | 1 | | | | İ |
| 11. Pursuant t | to the provisions of Section | ns 607,0502 and 607,1508, Florida Statu | tos, the abov | e-named corp | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | of changing its re | gistered |
| office of re agent. La | egi ster ed agent, or both, ii m fam iliar with⊿and accep | n the State of Florida. Such ch ange wa s it the obligations of, Section <mark>607,0505</mark> , Fl | authorized b Iorida Statute | y the corporat es. | lion's board or directors. Thereby accept the ap | pointment as regi | stered |
| SIGNATURE | THE A | Bers Ritchie Am | 1 | Vice Pro | esident - 4/3 | 498 | |
| | Signature, typied or printed name of | registered agent and the Papplicoble (NO | IE Registered Ag | ent signature requir | red when reinslating) DATE | | |
| 12. | | ICERS AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | Addition |
| TITLE | DPST | L DELCTE | 1.1 TITLE | | | L_) Change L | Muddioir |
| NAME | AMBERS, EMMA 4236 CHASE AVE | | 1.2 NAME | | | | |
| STREET ADDRESS | MIAMI BEACH FL | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | | | |
| CITY-ST-ZIP TITLE | WINNI DEACH FL | DELETE | 21 TITLE | S1-2IP | | Change | Addition |
| NAME | AMBERS, RITCHIE | LJ becch | 22 NAME | | | | |
| STREET ADDRESS | 4236 CHASE AVE | | 1 | T ADDRESS | | | |
| •• | MIAMI BEACH FL | | 2.3 STREET ADDRESS 2.4 City-St-Zip | | | | |
| CITY-ST-ZIP TITLE | | | 31 TITLE | 01-11 | | Change | Addition |
| NAME | | 3 | | | | | [|
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | 1 | | | |
| TITLE | DELETE | | 4.1 TITLE | | | Change | Addilion |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | ļ |
| CITY-ST-ZIP | | | 5.4 CITY - | ST-ZIP | | | |
| TITLE | | DELETE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | REET ADDRESS | | 6.3 STREET ADDRESS | | | | • |
| CITY-ST-ZIP | | | 6.4 CITY- | | | | |
| 14 hereby c | ortify that the information | supplied with this filing does not qualify t | or the exemi | plion stated in | Section 119.07(3)(i), Florida Statutes, I further of | certify that the info | ormation 1 |

Thereby comy that the information supplied with this bring does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Further certifying 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 this 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.