

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01344 (5)
 1. Corporation Name
MARBE LABORATORIES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15489 MIAMI LAKE WAY STE. 305 MIAMI LAKES FL 33014 US	Mailing Address 15489 MIAMI LAKE WAY STE. 305 MIAMI LAKES FL 33014 US
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3. Date Incorporated or Qualified 07/12/1989	4. FEI Number 65-0134254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 14311 NW 83 AVE Suite, Apt. #, etc. 22 MIAMI LAKES City & State 23 33016 Zip 25 DADE Country	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 Country 30
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9. Name and Address of Current Registered Agent
RIVAS, ANDRES
15489 MIAMI LKS WAY NO
MIAMI FL 33014

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RIVAS, ANDRES	1.1 TITLE PD	1.2 NAME RIVAS, ANDRES
STREET ADDRESS 15489 MIAMI LKS WAY NO #305	CITY-ST-ZIP MIAMI LKS FL	1.3 STREET ADDRESS 14311 NW 83 AVE MIAMI LAKES	1.4 CITY-ST-ZIP MIAMI LAKES FL 33016
TITLE STD	NAME ERWIN, NANCY	2.1 TITLE STD	2.2 NAME ERWIN, NANCY
STREET ADDRESS 15489 MIAMI LKS WAY NO #305	CITY-ST-ZIP MIAMI LKS FL	2.3 STREET ADDRESS 14311 NW 83 AVE	2.4 CITY-ST-ZIP MIAMI LAKES FL 33016
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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

SIGNATURE: ANDRES RIVAS **ANDRES RIVAS 4/28/98** **305 8260675**

CR2E034 (10/97)