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**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90011 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L01344

1. Corporation Name  
**MARBE LABORATORIES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 14311 NW 83RD AVENUE  
 MIAMI LAKES FL 33016  
 US

Mailing Address  
 14311 NW 83RD AVENUE  
 MIAMI LAKES FL 33016  
 US

3. Date Incorporated or Qualified  
**07/12/1989**

4. FEI Number  
**65-0134254**

5. Certificate of Status Desired  Applied For  
 Not Applicable **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **6303 SW 116 PL**  
 Suite, Apt. #, etc. **#G**  
 22 **MIAMI FL**  
 City & State

2a. Mailing Address  
 26 **6303 SW 116 PL**  
 Suite, Apt. #, etc. **#G**  
 27 **MIAMI FL**  
 City & State

24 **33173** 25 **DADE** 29 **33173** 30 **DADE**  
 Zip Country

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  
 81 Name **AURA IVANOFF**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **6303 SW 116 PL #G**  
 84 City **MIAMI** 85 Zip Code **FL 33173**

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 *Aura Ivanoff* **AURA IVANOFF, President** 1/13/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIVAS, ANDRES	
STREET ADDRESS	14311 NW 83RD AVENUE	
CITY-ST-ZIP	MIAMI LKS FL 33016	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, NANCY	
STREET ADDRESS	15489 MIAMI LKS WAY NO #305	
CITY-ST-ZIP	MIAMI LKS FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AURA IVANOFF	MIAMI
1.3 STREET ADDRESS	6303 SW 116 PL #G	FL 33173
1.4 CITY-ST-ZIP		
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AURA IVANOFF	
2.3 STREET ADDRESS	6303 SW 116 PL #6	FL
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		33173
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE: *Aura Ivanoff* **AURA L. IVANOFF** 3052718074  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/13/99 Date Daytime Phone #

CR 034 (11/98)