

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-29-1999 90011 049 ***150.00

DOCUMENT # L01344

1. Corporation Name
MARBE LABORATORIES INC.



Principal Place of Business

14311 NW 83RD AVENUE
MIAMI LAKES FL 33016
US

Mailing Address

14311 NW 83RD AVENUE
MIAMI LAKES FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1989

4. FEI Number

65-0134254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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.

22 #6

23 MIAMI FL

24 33173 25 DADE

2a. Mailing Address

26 6303 SW 116 PL

Suite, Apt. #, etc.

27 #6

28 MIAMI FL

29 33173 30 DADE

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 #6

84 City

MIAMI

FL

85 Zip Code

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, 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
NAME RIVAS, ANDRES
STREET ADDRESS 14311 NW 83RD AVENUE
CITY-ST-ZIP MIAMI LKS FL 33016

☒ DELETE

TITLE STD
NAME ERWIN, NANCY
STREET ADDRESS 15489 MIAMI LKS WAY NO #305
CITY-ST-ZIP MIAMI LKS FL 33016

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME AURA IVANOFF
1.3 STREET ADDRESS MIAMI
1.4 CITY-ST-ZIP 6303 SW 116 PL #6 FL 33173

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME AURA IVANOFF
2.3 STREET ADDRESS 6303 SW 116 PL #6 FL

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33173

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3052718074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 034 (11/98)