## 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

## DOCUMENT # L76852 1. Corporation Name

MARBELI INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 026 \*\*\*150.00



	*						
Principal Place	of Business	Mailing Address			f i i i i i i i i i i i i i i i i i i i	AL MINIT MINIT BINGS	31011 41811 1801
7300 WAYNE AVE SUITE 513 MIAMI BEACH FL 33141  7300 WAYNE AVE SUITE 513 MIAMI BEACH FL 33141					DO NOT WRITE IN TH	IIS SPACE	
	•				3. Date Incorporated or Qualifed 05/29/1990	<del></del> ,	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21 26					65-0338947	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27				5. Certifcate of Status Desired	Fee Re	equired	
		City & State	-		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
010	A CORZO		{	Name			
		82 Street Addr		ress (P.O. Box Number is Not Acceptable)			
7300 WAYNE AVE. #513			L		· · · · · · · · · · · · · · · · · · ·		
MIAN	AI BEACH FL 33141		1	33			
			8	34 City		85 Zip (	Code
44			the ele		-	— , ,	registered
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							
	Signature, typed or printed name of registered agent		gistered A	gent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		1PS IN 12
12.	OFFICERS AND	DELETE	1.1 TITU		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P CODTO OLCA	O Peres	i i			,	
NAME	CORZO, OLGA		1.2 NAM	_			}
STREET ADDRESS	7300 WAYNE AVE., S-513			EET ADORESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141	DELETE	2.1 TITL	-ST-ZIP		Change	Addition
TITLE		_ Outche	2.1 IIIL				
NAME	• •			EET ADDRESS			
STREET ADDRESS				· l	e j		
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NAME	•		3.2 NAM	ļ	•		_
STREET ADDRESS	•			EET ADDRESS			}
	•		1	Y-ST-ZIP		`*	.
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NAME			4. 2 NA				ļ
	1		i	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			1
TITLE		☐ DELETE	5.1 TITL			☐ Change	☐ Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	EET ADORESS			
CITY-ST-ZIP			5.4 CiTY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	EET ADDRESS			ļ
ATT. 27 70	,		64 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: (