

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 6:01

DOCUMENT # M40720 (8)

1. Corporation Name

THE MARLV CORPORATION

Principal Place of Business

ROJAS J ROBERTO  
8420 HARDING AVE #1  
MIAMI BEACH FL 33141  
US

Mailing Address

8420 HARDING AVE. APT 1  
MIAMI BEACH FL 33141  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/28/1986

3a. Date of Last Report  
03/22/1994

4. FEI Number  
59-2821951

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc

2a. Mailing Address

26. Suite, Apt. #, etc

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

ROJAS, J. ROBERTO  
8500 W FLAGLER ST., SUITE A-105  
MIAMI FL 33144-9037

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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

(Signature, Agent or (printed name of registered agent and title of individual)

(Printed Registered Agent signature (registered agent's name only))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |
|----------------|-------------------------|
| TITLE          | SD                      |
| NAME           | GUILLEAMO, P. GARCIA    |
| STREET ADDRESS | 5830 SW 93 CT           |
| CITY, ST, ZIP  | MIAMI FL                |
| TITLE          | PD                      |
| NAME           | HERNANDEZ, REY, ALEX    |
| STREET ADDRESS | 15942 SW 138TH COURT    |
| CITY, ST, ZIP  | MIAMI FL                |
| TITLE          | V                       |
| NAME           | ROJAS, J. ROBERTO       |
| STREET ADDRESS | 8500 W FLAGLER ST A-105 |
| CITY, ST, ZIP  | MIAMI FL                |
| TITLE          | T                       |
| NAME           | HERNANDEZ, MARIA J.     |
| STREET ADDRESS | 8640 N.W. 8TH ST #404   |
| CITY, ST, ZIP  | MIAMI FL                |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY, ST, ZIP  |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), 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 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.

SIGNATURE:

*Maria S Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20 -95-305 865-5876  
Filing Fee