

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M40720 (8)

1. Corporation Name

THE MARLV CORPORATION



Principal Place of Business

Mailing Address

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

8420 HARDING AVE. APT 1
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified
10/28/1986

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 8420 HARDING AVE

26 REY, ALEX Hernandez

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI BEACH

27 15942 SW 138TH COURT

City & State

City & State

23 FLA

28 MIAMI FLA

Zip

Zip

24 33141

Country

29 33177

Country

25 DADE

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name GUILLERMO P. GARCIA
82 Street Address (P.O. Box Number is Not Acceptable)
7353 SW 22 ST
83 MIAMI
84 City FL
85 Zip Code 33155

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 GUILLERMO P. GARCIA

(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME GUILLEAMO, P. GARCIA
STREET ADDRESS 6900 SW 93 CT
CITY-STATE-ZIP MIAMI FL

1.1 TITLE SD
1.2 NAME GUILLEAMO P. GARCIA
1.3 STREET ADDRESS 7353 SW 22 ST
1.4 CITY-STATE-ZIP MIAMI FLA 33155

TITLE PD
NAME HERNANDEZ, REY, ALEX
STREET ADDRESS 15942 SW 138TH COURT
CITY-STATE-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE V
NAME ROJAS, J. ROBERTO
STREET ADDRESS 8500 W FLAGLER ST A-105
CITY-STATE-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE T
NAME HERNANDEZ, MARIA J.
STREET ADDRESS 8640 N.W. 6TH ST #404
CITY-STATE-ZIP MIAMI FL

4.1 TITLE T
4.2 NAME
4.3 STREET ADDRESS 8640 SW 16 ST
4.4 CITY-STATE-ZIP MIAMI FLA 33155

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 305 2646813
Date Daytime Phone #

CR2E034 (12/95)