


**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90063 029 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # M56769**

1. Corporation Name  
**MARLEN INVESTMENT COMPANY**



Principal Place of Business <b>4600 S.W. 72 AVENUE</b> <b>MIAMI FL 33155</b>	Mailing Address <b>4600 S.W. 72 AVENUE</b> <b>MIAMI FL 33155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9901 SW 99 Street</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 9901 SW 99 Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/05/1987</b>	
22		27		4. FEI Number <b>59-2835037</b>	
23 <b>MIAMI, FLORIDA</b>		28 <b>MIAMI, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33176</b> <input type="checkbox"/> <b>USA</b>		29 <b>33176</b> <input type="checkbox"/> <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SUSSMAN LEONARD</b> <b>4600 S.W. 72 AVENUE</b> <b>MIAMI FL 33155</b>				10. Name and Address of New Registered Agent			
81 Name <b>MARILYN SUSSMAN</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>9901 SW 99 Street</b>		83			
84 City <b>MIAMI, FLORIDA</b>		85 State <b>FL</b>		86 Zip Code <b>33176</b>			

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: *Marilyn Sussman* (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSSMAN, MARILYN</b>	1.2 NAME	<b>MARILYN SUSSMAN</b>
STREET ADDRESS	<b>4600 S.W. 72 AVENUE</b>	1.3 STREET ADDRESS	<b>9901 SW 99 Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33176</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUSSMAN LEONARD</b>	2.2 NAME	<b>DIANNE SUSSMAN</b>
STREET ADDRESS	<b>4600 S.W. 72 AVENUE</b>	2.3 STREET ADDRESS	<b>6811 SW 80 Street</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33143</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>SHARI SUSSMAN</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6811 SW 80 STREET</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33143</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marilyn Sussman* **4/2/99** (305) 662-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)