

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # M89036 (1)**  
 1. Corporation Name  
**MAROLA CORPORATION**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>155 LINCOLN RD<br/>                 MIAMI BEACH FL 33139</b> | Mailing Address<br><b>155 LINCOLN RD<br/>                 MIAMI BEACH FL 33139</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/11/1988</b>   |  |
| 4. FEI Number<br><b>59-1870577</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 Suite, Apt #, etc           | 26 Suite, Apt #, etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip Country                 | 28 Zip Country        |
| 24                             | 29                    |
| 25                             | 30                    |

9. Name and Address of Current Registered Agent

**LAZAR, BAISEN & WEISS  
 1111 LINCOLN ROAD MALL  
 2901 COLLINS AVE STE M  
 MIAMI BCH FL 33140**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PD                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>LOWENSTEIN, ALFREDO</b>    |  |
| STREET ADDRESS | <b>155 LINCOLN RD.</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |  |
| TITLE          | S                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>CAMPBELL, ISABELLE</b>     |  |
| STREET ADDRESS | <b>155 LINCOLN RD.</b>        |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |  |
| TITLE          | VD                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>COONEY JOHN W</b>          |  |
| STREET ADDRESS | <b>169 LINCOLN RD #318</b>    |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL</b>         |  |
| TITLE          | SD                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>LAZAR BRUCE E</b>          |  |
| STREET ADDRESS | <b>2901 COLLINS AVE STE M</b> |  |
| CITY-ST-ZIP    | <b>MIAMI BCH FL</b>           |  |
| TITLE          |                               | <input type="checkbox"/> DELETE            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 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          | VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 5.2 NAME           | <b>Judith Mathia</b>   |
| 5.3 STREET ADDRESS | <b>169 Lincoln Road</b>  |
| 5.4 CITY-ST-ZIP    | <b>Miami Beach, FL</b>   |
| 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 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.

SIGNATURE: *Bruce E. Lazar* **BRUCE E. LAZAR** 2/1/98 305 535-8118

CR2E034 (10/97)