

FILED  
Feb 16 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F930**  
1. Corporation Name  
**MARAZUL ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
3079 NE 163RD ST N. MIAMI BCH. FL 33160 US	P. O. BOX 630817 MIAMI FL 33163 US

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>	<b>2875 NE 191 Street</b>	<b>26</b>		<b>65-0416939</b>		<b>Not Applicable</b>	
	Suite, Apt #, etc.		Suite, Apt #, etc.				
<b>22</b>	<b>PH 1</b>	<b>27</b>		<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
	City & State		City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>23</b>	<b>Avenutra, FL</b>	<b>28</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip		Country				
<b>24</b>	<b>33180</b>	<b>25</b>	<b>USA</b>	<b>29</b>			
				<b>30</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PREMIER ASSET MANAGEMENT INC</b> <b>2100 PARK CENTRAL BLVD N</b> <b>SUITE 900</b> <b>POMPANO BEACH FL 33064</b>	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	FL

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 respondent agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	AZOUT, JACK	1.2 NAME	
STREET ADDRESS	3802 N3 207 ST #1502	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	AZOUT, GILDA	2.2 NAME	
STREET ADDRESS	3802 NE 207 STREET #1502	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

**SIGNATURE:**

1-28-98 (305) 935-5175

CR2E034 (10/97)