

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000072694 (1)

1. Corporation Name  
MARLYN EXPORT, CORP.



Principal Place of Business

1300 MOFFETT ST.  
211  
HALLANDALE FL 33009  
US

Mailing Address

P. O. BOX 4294 N/A  
HALLANDALE FL 33008-4294  
US

2. Principal Place of Business

21 1140 N. 66TH AVE.

Suite, Apt. #, etc.

22 City & State  
HOLLYWOOD FL

23 Zip Country  
33024 USA

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

08/12/1996

4. FEI Number

65-0473611

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

9. Name and Address of Current Registered Agent

FERNANDEZ, MARLYN V  
1300 MOFFETT ST  
APT 211  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name MARLYN KNAFO  
82 Street Address (P.O. Box Number is Not Acceptable)  
1140 NORTH 66TH AVE.  
83  
84 City HOLLYWOOD FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, MARLYN V	
STREET ADDRESS	1300 MOFFETT ST APT 211	
CITY- ST- ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KNAFO MARLYN	
1.3 STREET ADDRESS	1140 NORTH 66TH AVE.	
1.4 CITY- ST- ZIP	HOLLYWOOD. FL. 33024	
2.1 TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KNAFO MEIR	
2.3 STREET ADDRESS	1140 NORTH 66TH AVE.	
2.4 CITY- ST- ZIP	HOLLYWOOD FL. 33024	
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 do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)