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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000047911 (0)

1. Corporation Name

MALFIE, INC.

Principal Place of Business
~~2206 Hollywood Blvd.~~
~~Hollywood, Fl. 33020~~

Mailing Address
~~2206 Hollywood Blvd.~~
~~Hollywood, Fl. 33020~~

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 2999 NE 191 Street
Suite, Apt. #, etc. 22 900
City & State 23 Aventura, Florida
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 2999 NE 191 Street
Suite, Apt. #, etc. 27 900
City & State 28 Aventura, Fl.
Zip 29 33180 Country 30 USA

4. FEI Number 65-0509217 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

~~Hochsztein, Fred~~
~~2206 Hollywood Blvd.~~
~~Hollywood, Fl. 33020~~

10. Name and Address of New Registered Agent

81 Name: Hochsztein, Fred
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street Suite 900
83
84 City: Aventura FL 85 Zip Code: 33180

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] 3/7/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PSTD~~ ☒ DELETE
NAME	~~Toni Pallatto~~
STREET ADDRESS	~~7925 N.W. 12th Street Suite 221~~
CITY-ST-ZIP	~~Miami, Fl. 33126~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD ☒ Change ☐ Addition
1.2 NAME	Toni Pallatto
1.3 STREET ADDRESS	8181 N.W. 36th Street No. 4
1.4 CITY-ST-ZIP	Miami, Fl. 33166
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	400002127834 ☐ Change ☐ Addition
5.2 NAME	-03/28/97--01139--029
5.3 STREET ADDRESS	***165.00
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [signature] Toni Pallatto, President 3/7/97 (305) 597-8336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #