

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000085254 (8)

1. Corporation Name

MARBLES SALON INC.

Principal Place of Business

2780 NE 210ST TERRACE
SUITE H110
NORTH MIAMI BEACH FL 33180

Mailing Address

2780 NE 210ST TERRACE
SUITE H110
NORTH MIAMI BEACH FL 33180

APPROVED
AND
FILED
98 JUL 10 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

APPLIED FOR

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2790 N.E. 201st terrace

Suite, Apt. #, etc.

22 Apt # H110

City & State

23 Aventura FL.

Zip

24 33180

Country

25 U.S.A.

2a. Mailing Address

26 2790 N.E. 201st terrace

Suite, Apt. #, etc.

27 Apt # H110

City & State

28 Aventura FL.

Zip

29 33180

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HARRISON, JORDANNA T
2790 NE 210ST TERRACE
SUITE H110
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name HARRISON, JORDANA T.

82 Street Address (P.O. Box Number is Not Acceptable)

2790 N.E. ~~201st terrace~~ 201st terrace

Apt # H110

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPV ☐ DELETE

NAME HARRISON, JORDANA
STREET ADDRESS 2790 NE 210ST TERRACE, SUITE H110
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ST ☐ DELETE

NAME HARRISON, JORDANA
STREET ADDRESS 2790 NE 210ST TERRACE, SUITE H110
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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 ~~DPV~~ DPV ☒ Change ☐ Addition

1.2 NAME ~~HARRISON, JORDANA T.~~ JORDANA T. HARRISON 2790 N.E.

1.3 STREET ADDRESS ~~2790 NE 210ST TERRACE~~ 201st terrace

1.4 CITY-ST-ZIP city is Aventura FL. 33180 Apt # H110

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME HARRISON, JORDANA T.

2.3 STREET ADDRESS 2790 N.E. 201st terrace # H110

2.4 CITY-ST-ZIP city is Aventura FL. 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Jordanna T. Harrison

4/28/98 (305) 935-5816

CR2E034 (10/97)

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)☐ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) JORDANA TAMAR HARRISON		
2 Trade name of business (if different from name on line 1) MARBLE SILON INC.		3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 2790 N.E. 201 TERRACE #H110		5a Business address (if different from address in lines 4a and 4b) SAME
4b City, state, and ZIP code Aventura FL 33180		5b City, state, and ZIP code Aventura FL 33180
6 County and state where principal business is located Florida, U.S.A.		
7 Name of principal officer, general partner, grantor, owner, or trustor — SSN required (See instructions.) <input type="checkbox"/> JORDANA TAMAR HARRISON Social Security #265-33-8204		
8a Type of entity (Check only one box.) (See instructions.)		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator - SSN <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input checked="" type="checkbox"/> Other corporation (specify) SUB CHAPTER S <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other (specify) <input type="checkbox"/> (enter GEN if applicable)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country
Florida, U.S.A.		N/A
9 Reason for applying (Check only one box.)		
<input type="checkbox"/> Started new business (specify) <input type="checkbox"/> Banking purpose (specify) as per CPA instructions <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) <input type="checkbox"/> <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Other (specify)		
10 Date business started or acquired (Mo., day, year) (See instructions.) NOV 22, 1994 11/22/94		11 Closing month of accounting year (See instructions.) Dec 31st each year
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) N/A		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) N/A		
14 Principal activity (See instructions.) <input type="checkbox"/> cosmetologist / make-up artist <input type="checkbox"/> No Alcoholic Distribution		
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used N/A		
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A		
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.		
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above. Legal name <input type="checkbox"/> N/A Trade name <input type="checkbox"/>		
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) 1st time Filing. City and state where filed N/A Previous EIN N/A		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Business telephone number (include area code) (305) 935-5816		Fax telephone number (include area code) NONE

Name and title (Please type or print clearly.) ☐ **JORDANA TAMAR HARRISON**Signature ☐ **Jordana Tamar Harrison**Date ☐ **July 8, 1998**

Note: Do not write below this line. For official use only.

Please leave blank <input type="checkbox"/>	Geo.	Ind.	Class	Size	Reason for applying
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