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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085254

1. Corporation Name

MARBLES SALON INC.

FILED
Apr 26, 1999 8:00 am
Secretary of State
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2790 NE 201ST TERRACE APT. #H110 AVENTURA FL 33180 2. Principal Place of Business 2. Amailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & Sate 2. City & Sate 2. City & Sate 2. Suite, Apt. #, etc. 2. Trust Fund Contribution 3. Certificate of Status Desired 4. Fell Number APPLIED FOR APPLIED
AVENTURA FL 33180 AVENTURA FL 33180 AVENTURA FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1994 4. FEL Number APPLIED FOR 65-08 49 465 APPLIED FOR 65-08 49 46 50 40 40 40 40 40 40 40 40 40 40 40 40 40
3. Date Incorporated or Qualifed 11/22/1994 2. Principal Place of Business 2. Adailing Address 2. FEI Number 6 5 - 08 49 46 5 Not Applied For APPLIED FOR 6 5 Not App
2. Principal Place of Business 3. FEI Number APPLIED FOR 65-0849-465
2a. Mailing Address 2b. Suite, Apr. #, etc. 2c. Suite, Apr. #, etc. 2d. Suite,
Suite, Apt. #, etc. Suite, Ap
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country State Street Address of New Registered Agent AVENTURA FL 33180 Suite, Apt. #, etc. Street Address of Status Desired 6. Election Campaign Financing Trust Fund Contribution State of Election Campaign Financing Trust Fund Contribution Trust Fund C
Secretificate of Status Desired Fee Required
City & State Trust Fund Contribution Registered year Intangible Personal Property Tax. Personal Property Tax. City Yes [] No Name HARRISON, JORDANNA T 2790 NE 201ST TERRACE APT. #H110 AVENTURA FL 33180 Registered Agent Registered Ag
Zip Country Zip Country 8. This corporation owes the current year intangible Personal Property Tax. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARRISON, JORDANNA T 2790 NE 201ST TERRACE AFT. #H110 AVENTURA FL 33180 82 Street Address (P.O. Box Number is Not Acceptable) 83 Aventure office or registered agent, or bo h, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Zip Country Zip Country Age Country Signature Country Country 8, This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of New Registered Agent HARRISON, JORDANNA T 2790 NE 201ST TERRACE APT. #H110 AVENTURA FL 33180 82 Street Address (P.O. Box Number is Not Acceptable) 83 Aventure City FL 85 Zip Code 11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE
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SIGNATURE
) SIGNATURE
Signature, typed or printed ha ne of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 12.
TITLE DPV DELETE 1.1 TITLE Change Add
NAME HARRISON, JORDANA 12 NAME
STREET ADDRESS 2790 NE 201ST TERRACE #H110 1.3 STREET ADDRESS
CITY-ST-ZIP AVENTURA FL 33180 1.4 CITY-ST-ZIP
TITLE ST DELETE 2.1 TITLE Change Add
NAME HARRISON, JORDANA 22 NAME
STREET ADDRESS 2790 NE 201ST TERRACE #H110 23 STREET ADDRESS
CITY-ST-ZIP AVENTURA FL 33180 2.4 CITY-ST-ZIP
TITLE DELETÉ 3.1 TITLE Change Add
TITLE
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP
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NAME 3.2 NAME
NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS
NAME
NAME 3.2 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE Change Add Add Address
NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE Change Add Add Address Add
NAME
NAME
NAME
NAME

14. I heret y 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: