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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039500 (0)

1. Corporation Name
MALBOT, INC.



Principal Place of Business

6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309

Mailing Address

6363 N.W. 6TH WAY, SUITE 210
FT. LAUDERDALE FL 33309-6136

3. Date Incorporated or Qualified 05/18/1995
3a. Date of Last Report 05/10/1996

2. Principal Place of Business

21 537 COCONUT ISLE

Suite, Apt. #, etc.

22 City & State
FT. LAUD FL

23 Zip 33301

Country BROWARD

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4. FEI Number 59-3319290
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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS, D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTASY, RUDOLF		1.2 NAME	
STREET ADDRESS	6363 N.W. 6TH WAY., #210		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMR, KRISTINA		2.2 NAME	
STREET ADDRESS	6363 N.W. 6TH WAY., #210		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP	
TITLE	PS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MITCHELL L		3.2 NAME	
STREET ADDRESS	6363 N.W. 6TH WAY., #210		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIBOR, TOTI		4.2 NAME	
STREET ADDRESS	6363 N.W. 6TH WAY., #210		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		4.4 CITY-ST-ZIP	
TITLE	TIBORNE, TOTI, VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIBORNE, TOTI, VP		5.2 NAME	
STREET ADDRESS	6363 N.W. 6TH WAY., #210		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 on an attachment with an address.

SIGNATURE: *[Signature]* PRES. 3-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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