## 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 # P95000042449 (5)

## FILED Jan 16 1998 8:00am Secretary of State

MARV	/-AL BAGE	L, INC.								
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Principal Pla	ace of Busines	s	Ma	iling Address				r immiliani jim imini minit mulli marit malet malet malit mit.	# 11#14 #1#11 #4	168 1871 1884
11500 NORTH WEST 42ND STREET 11500 NORTH WEST 42ND STREET								1		
SUNRISE FL 33323 SUNRISE FL 33323						DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified	SFACE	<del></del>
1								05/25/1995		
2. Principal	Place of Busi	ness	2a.	Mailing Address				4. FEI Number	At	oplied For
21			26					65-0680089	<del></del>	ot Applicable
Suite. Ap	ot #, etc.			Suite, Apt. #, etc.	-					Additional
22			27					5. Certificate of Status Desired	Fee R	equired
City & St	tate			City & State				6. Election Campaign Financing	\$5.00	May Be
23			28		· · · · · · · ·			Trust Fund Contribution	Added	to Fees
Zip		Country	<u> </u>	Zip	<u></u> —¬	untry		8. This corporation owes or has paid the cu		
24	a Nama	25 and Address of Curren	29	arad Ament	30	т		Personal Property Tax due June 30.  10. Name and Address of New Registered		_ No
			it negisti	ered Agent		81	Name	10. Name and Address of New Aegistered	Agent	
	LEISHMAN,		-			Ľ				•
_		H WEST 42ND STREET	ı			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
8	SUNRISE FL	33323				83				
						84	City	FL	85 Zip	Code
11. Pursuar	nt to the provis	ions of Sections 607.050	2 and 60	7.1508. Florida Stati	ites, the a	bove-	named corpo		t changing i	ts registered
office o	r registered ag	jent, or both, in the State	of Florid	a. Such change was	authorize	d by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as	registered
		ini, and accept the obliga	anons or,	36CBQH 607.0503, F	ionga sia	icies.				İ
SIGNATURE	Stonature, typed	or printed name of registered age	ent and title if	f applicable, (NO	TE, Registere	d Agen	t signature required	d when reinstating) DATE		<del></del>
12.		OFFICERS AND	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	1S IN 12
TITLE	PD			DELETÉ	1,1 7	ITLE			Change	Addition
NAME	l l	MAN, MARVIN			1.2 N	AME	}			1
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CITY-ST-ZIP	SUNRIS	E FL 33323			1.4 C	ITY-ST	-ZiP			
TITLE								· · · · · · · · · · · · · · · · · · ·		Addition
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STREET ADDRESS	ł			DELETE	2.1 TI 22 N				Change	Addition
D.V.ICET PIDOTICO	s			☐ DELETE	22 N	AME	DORESS		Change	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS					22 N. 23 S 2 4 C 3.1 TI 3.2 N. 3.3 S	AME TREET A CITY-ST ITLE AME TREET A	DDRESS			
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, i further certify that the information indicated on this annual report or suppliemental annual report is true 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:

MONETURE ESOLUBED

/8/98

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