FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000057199 (8)

1. Corporation Name
MARULA, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD SUITE 701 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report:

2. Principal Place of Business		2a. Mailing Address	
21	7601 E TREASURE DR	26	7601 E TREASURE DR.
22 Suite, Apt #, etc.	1023	27 Suite, Apt #, etc.	1023
23 City & State	N BAY VILLAGE, FL	28 City & State	N BAY VILLAGE, FL
24 Zip	33141	29 Zip	33141
25 Country	USA	30 Country	USA

4. FEI Number: 65-0598979 ☐ 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

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JACQUELINE SOARES
82 Street Address (P.O. Box Number is Not Acceptable): 7601 E TREASURE DR # 1023
83
84 City: N BAY VILLAGE FL 85 Zip Code: 33141

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: Jacqueline S. Soares — DATE: 04/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SLUD BROFMAN, PAULO R		1 2 NAME	
STREET ADDRESS	2937 SW 27 AVE #201		1 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133		1 4 CITY - ST - ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY - ST - ZIP			2 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY - ST - ZIP			3 4 CITY - ST - ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY - ST - ZIP			4 4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5 4 CITY - ST - ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] 06/27/96 (305) 865 07 27
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)