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 # P9600003353 (5)

MARBELLA MARKET, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
10111 W OKEECHOBEE RD 10111 W OKEECHOBEE RD						
HIALEAH GARDENS FL 33016		HIALEAH GARDENS FL 33016			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/08/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEt Number Applied For	
21		26			65-0632835 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SB.75 Additional	
22		27			Certificate of Stalus Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
	JTIERREZ, MANUEL M		8	l Nam	me	
	16 NW 196 TER		82	Stree	eet Address (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33015		L.	1	· · · · · · · · · · · · · · · · · · ·	
			83	3		
			84	City	y FI 85 Zip Code	
44 Discount	to the provisions of Costians 607 060	2 and 607 1509 Florida Statuto	s the show	49-Name	med corporation submits this statement for the purpose of changing its registered	
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 (NOTL: Registered Agent signature required when reinstating) DATE						
12	Signature, typed or printed name of registered age	D DIRECTORS	13.	gent signati	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	DPST	DELETE	1.1 TITLE		Change Addition	
NAME	GUTIERREZ, MANUEL M	CI PERSON	1.2 NAME			
STREET ADDRESS	8516 NW 196 TER			T ADDRESS	199	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	1		2.3 STREE	1 ADDRESS	ESS	
CITY-ST-ZIP			2. 4 CITY			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS	ESS	
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	1 ADDRESS	ess	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS	ESS	
CITY-ST-ZIP			5.4 CITY-	\$1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS	ESS	
CITY-ST-ZIP			6.4 CITY	ST-ZIP		
	seeith, that the intermetion auroplied u	ith this filing does not qualify for	the evem	nlion ets	stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information	

4. 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 eath; 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.

TUDE Manuel W. Gibianes

01/11/00

(201)828510D