


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000011712</b> 1. Corporation Name <b>Mark's Sisters, Inc.</b>					
Principal Place of Business <b>4335 N. Ocean Blvd. Ft. Lauderdale, FL 33308</b>			Mailing Address <b>4335 N. Ocean Blvd. Ft. Lauderdale, FL 33308</b>		

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97 APR -8 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 Suite Apt. # etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite Apt. #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>02/07/96</b>		3a. Date of Last Report <b>N/A</b>	
4. FEI Number <b>58-2218378</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>Mark, Andrea 258 Lombardy Avenue Ft. Lauderdale, FL 33308</b>				10. Name and Address of New Registered Agent 81 Name <b>Mark, Andrea</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4335 N. Ocean Blvd.</b> 83 84 City <b>Ft. Lauderdale</b> FL 85 Zip Code <b>33308</b>			
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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 Andrea Mark ANDREA MARK PRESIDENT 04/04/97  
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 NAME STREET ADDRESS CITY-ST-ZIP		D/P/T <input type="checkbox"/> DELETE <b>Mark, Andrea 4335 N. Ocean Blvd. Ft. Lauderdale, FL 33308</b>		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000002136480-7 -04/08/97--01072--012 ****165.00 ****165.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP <input type="checkbox"/> DELETE <b>Jones, Mannella 4335 N. Ocean Blvd. Ft. Lauderdale, FL 33308</b>		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby 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 included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as I 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: Andrea Mark Andrea Mark, President 04/04/97

CR2E034 (9/96)