FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000071362

1. Corporate Name
MARLpaul Corporation

Principal Place of Business
7160 NW 36 Ave
Miami, FL. 33147-6526

Mailing Address
7160 NW. 36 Ave
Miami, Fl. 33147-6526

3. Date Incorporated or Qualified: 08-27-96
3a. Date of Last Report:
4. FEI Number: 65-0689438 — 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

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent
Paulo Gava
7160 NW 36 Ave
Miami, Fl. 33147-6526

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: X — 4/28/97
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

☐ DELETE
PD
Paulo Gava
7160 NW. 36 Ave
Miami, Fl. 33147-6526

☐ DELETE
VD
Elvia Alvarenga
7160 NW 36 Ave
Miami, Fl. 33147-6526

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***165.00

14. [illegible] with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. [illegible] report is true and accurate and that my signature shall have the same [illegible] as the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. [illegible] attachment with an address

SIGNATURE: X — GAVA, Paulo — 4/28/97 — (305) 693-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR