

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90205 046 ***150.00

DOCUMENT # P96000071362

1. Corporation Name
MARLPAUL CORPORATION

Principal Place of Business
7160 NORTH WEST 36TH AVENUE
MIAMI FL 33147

Mailing Address
7160 NORTH WEST 36TH AVENUE
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2792 N.W. 24 St

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33142

Country

25 USA

2a. Mailing Address

26 2792 N.W. 24 St.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33142

Country

30 USA

9. Name and Address of Current Registered Agent

GAVA, PAULO
7160 NORTH WEST 36TH AVENUE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2792 N.W. 24 St.

83

84 City

MIAMI

FL

85 Zip Code

33142

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ALONSO, IVAN	7160 NORTH WEST 36TH AVENUE	MIAMI FL 33147	<input type="checkbox"/>
TD	ALVARENGA, ELVIA	7160 NORTH WEST 36TH AVENUE	MIAMI FL 33147	<input checked="" type="checkbox"/>
VD	GAVA, PAULO	7160 NORTH WEST 36TH AVENUE	MIAMI FL 33147	<input type="checkbox"/>
SD	GAVA, VALDENISE R	7160 NORTH WEST 36TH AVENUE	MIAMI FL 33147	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2792 N.W. 24 St.	MIAMI, FL 33142	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		2792 N.W. 24 St.	MIAMI, FL 33142	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		STB ALONZO MARLON	2792 N.W. 24 St.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			MIAMI, FL 33142		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

02/2080