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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

Lam an officer or director appears in Block 12 or Bid

SIGNATURE:

OTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

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Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000071888 (7)

MARLAGO TRADING CORPORATION

Principal Place of Business Mailing Address						. I Illigiridat tila tanta asser anders darse ka)	18 EK 1919) 1019	H (80) 1881
637 NE 19TH / DEERFIELD BE		637 NE 19TH AVE DEERFIELD BEACH FL 30	637 NE 19TH AVE DEERFIELD BEACH FL 33441-3720						
						3. Date Incorporated or Qualified 08/09/1996	3a. Dat	le of Last F	leport
2. Principal P.	ace of Business	26. Mailing Address	26. Mailing Address			4, FEI Number Applied Fo			oplied For
21		26				MALIEU	<u>UN</u>		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	f Status Desired S8.75 Additional Fee Required		
City & State	C	City & State				6. Election Campaign Financing	·····	\$5.00	May Be
23	A.N. L. A	28				Trust Fund Contribution			to Fees
Z(p				ıntry	•	8. This corporation has liability for			. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent			T		Florida Statutes			
	~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ent Hegistered Agent		61	Name	10. Name and Address of New H	agistered A	gent	
LANDAU, DOUGLAS K						· · · · · · · · · · · · · · · · · · ·			·
100 S BISCAYNE BLVD ONE BAYFRONT PLAZA, SUITE 900				82	Street Addre	iss (P.O. Box Number is Not Accepta	ible)		
MIAMI FL 33131-2026				83					
				84	City		FL	<b>85</b> Zip	Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ile of Florida. Such change was	authorize	d by	the corporation	pration submits this statement for the on's board of directors. I hereby acce	purpose of	changing is sintment as	ts registered registered
SIGNATURE		<b>3</b>							
order trong	Signature, typed or printed name of registered			d Age	ent signature require		DATE		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR Change	RS IN 12
TITLE NAME	AAAAA BAARRA B			1.1 TITLE 1.2 NAME				Cilarige	Audention
	STREET ADDRESS 637 NE 19TH AVE			1.3 STREET ADDRESS					
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TOLE	DELETE 311			ITLE				Change	Addition
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CITY - ST - ZIP					ST-ZIP		. <b></b>		<del></del>
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				5.1 TITLE 5.2 NAME				☐ Change	Addition
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NAME			D.2 N	riant.	Į į				

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 entities are legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name