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 # P96000088049 (7)

MARGALEX CORP.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				-{		
1486 SPRINGSIDE DRIVE	1486 SPF	SPRINGSIDE DRIVE				
WESTON FL 33326-2742	WESTON	FL 33326-2742				
U\$	U\$				DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualified 10/24/1996	
2. Principal Place of Business	2a. Mailin	g Address			4. FEI Number	Applied For
21	26				65-0725055	Not Applicable
Suite, Apt. #, etc.		Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	27] City &	Ctata				Fee Required
23	28	Siale			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zφ		Cour	trv	Trust Fund Contribution This corporation owes or has paid the current to the current t	Added to Fees
24 25	29					Yes No
g, Name and Address of Currer	it Registered A	gent			10. Name and Address of New Registered Ag	jent
ECHEVERRI, JUAN A			[1	Name		
1486 SPRINGSIDE DRIVE WESTON FL 33326-2742			- -	Street Add	dress (P.O. Box Number is Not Acceptable)	
			Ļ			
			'	33		
			į	City		85 Zip Code
44 Pursuant to the gravinions of Captions 507.050	2 and 607 1500	Clasida Chabas			<u> </u>	_1
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 hyped or printed name of registered age 12. OFFICERS ANI		ok (NOT	E Registered .	Agent signature requ	uired when reinstating) DATE	
TITLE PT	TAINL CTORS	DELETE	1.1 7171	F	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
NAME ECHEVERRI, JUAN A			1.2 NAS		_	T cuttings
STREET ADDRESS 1486 SPRINGSIDE DRIVE			- I	EET ADDRESS		
CITY-ST-ZIP WESTON FL 33326-2742			1.4 CITY	'-ST-ZIP		
TITLE VS		DELETE	2.1 TITL			Change Addition
NAME ECHEVERRI, MARGARITA M			2.2 NAM	IE .		
STREET ADDRESS 1486 SPRINGSIDE DRIVE			2.3 STR	EET ADDRESS		
CITY-ST-ZIP WESTON FL 33328-2742		-		Y-ST-ZIP		
FITLE		☐ DEFELE	3.1 TITL			Change
NAME			3.2 NAM			
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CIT	(-ST-ZIP		Change Addition
NAME		0	4.1 HILL		. L	Change LAddition
STREET ADDRESS				ET ADORESS		
CITY-ST-2IP				-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM		_	
STREET ADDRESS				ET ADDRESS		·
CITY-ST-ZIP	^			-ST-ZIP		
TIPLE	//	DELETE /	61 TITL			Change Addition
NAME /	//		6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP		1/	6.4 CITY			
 14. I hereby certify that the information supplied we indicated on this annual report of explementa officer or director of the opporation or the recent Block 12 or Block 13 if Australia or a other. 	ith this filing doc Lannual report liver or trustee c	es not qualify to is true and acc impowered to	r the exen grate and execute thi	option stated in that my signatu s report as req	n Section 119.07(3)(i), Florida Statutes. I further certifure shall have the same legal effect as if made unde quired by Chapter 607, Florida Statutes; and that my	y that the information r oath; that I am an name appears in