

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 # **P96000092989 (8)**

1. Corporation Name

**MARILEN CHILDREN'S CLOTHING CORPORATION**

Principal Place of Business

P.O. BOX 52-5364  
MIAMI FL 33152-5364

Mailing Address

C/O 250 CATALONIA AVE  
SUITE 705  
CORAL GABLES FL 33134

FILED  
Jan 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/13/1996**

4. FEI Number

**APPLIED FOR 65-0711219**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**CAPOTE, BEATRIZ M-  
1101 BRICKELL AVENUE 17TH FLOOR  
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name  
**ARMANDO G. MENDIVE CPA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**250 CATALONIA AVENUE, SUITE 705**

84 City  
**CORAL GABLES,**

**FL**

85 Zip Code  
**33134**

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)

**Jan. 16, 1998**

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MARTINEZ DE CRUZ, HELEN  
P.O. BOX 52-5364 NA  
MIAMI FL 33152-5364**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MARTINEZ, HELEN Y  
P.O. BOX 52-5364 NA  
MIAMI FL 33152-5364**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MARTINEZ, MARIO J  
P.O. BOX 52-5364 NA  
MIAMI FL 33152-5364**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

**HELEN MARTINEZ DE CRUZ**

**JAN 16, 1998**

**(305) 442-8890**

CR2E034 (10/97)