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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092989 1. Corporation Name

MARILEN CHILDREN'S CLOTHING CORPORATION

Principal Place	of Business	Mailing Address			•			
P.O. BOX 52-536	54	C/O 250 CATALONIA AVE			·		•	
MIAMI FL 33152-5364		SUITE 705			DO NOT WRITE IN THIS SPACE			
		CORAL GABLES FL 33134			3. Date Incorporated or Qualifed			
					·· -· •			
		·			11/13/1996 4. FEI Number	·	olied For	_
2. Principal Pla	ace of Business	2a. Mailing Address			1	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applicable	2575
21		26			65-0711219	\$8.75 A		1
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	-	
22		27						
City & State		City & State			6. Election Campaign Financing	\$5.00 (Added to	· ·	
23		28			Trust Fund Contribution) Fees	
Zip	Country	Zip		intry	8. This corporation owes the current year	Intangible ; XXYes	□No	
24	25	29	30		Personal Property Tax.		(
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
				81 Name	• •	•		
MEN	DIVE CPA, ARMANDO G	, es		82 Street	Address (P.O. Box Number is Not Acceptable)			l
250 (CATALONIA AVE. SUITE 705			- -	State of the second sec	e - 1 - 112 (4 (2) (1)	1974 - 1911 1 F 2	l
COR	AL GABLES FL 33134			83	· · · · · · · · · · · · · · · · · · ·			1
•						85 Zip C	lodé	l
Ì				84 City	F		,,,,,	l
	# C - None 607.0503	and 607 1508 Florida Statut	tes the a	bove-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its	registered	: سنت ا
11. Pursuantt	to the provisions of Sections 607.0302	allo our 1000, i forida otata	,		the second	nointment as re	aisterea l	ļ
					poration's board of directors. I hereby accept the ap-	,	,	
	egistered agent, or both, in the State on familiar with, and accept the obligat				corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-		g	
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90009 041 ***150.00