

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

**FILED**

**Jun 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000024223 (4)**  
1. Corporation Name:  
**MARTA'S KLOSET, INC.**

*15291*



Principal Place of Business: **5881 N.W. 15TH ST SUITE 113 MIAMI LAKES FL 33014**

Mailing Address: **5881 N.W. 15TH ST SUITE 113 MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24):  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address (25-30):  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified: **03/12/1997**

4. FEI Number: **65-0755991**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent:  
**CAMPOS, MARIO C  
5881 N.W. 15TH ST.  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent (81-85):  
81 Name: **MARTA BARINAS**  
82 Street Address (B.O. Box Number is Not Acceptable): **5881 NW 15TH ST. SUITE 113**  
83  
84 City: **MIAMI LAKES, FL.** FL 85 Zip Code: **33014**

11. Pursuant to the provisions of Sections 607.0102 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: **MARTA BARINAS** (Signature typed or printed and the registered agent and title, if applicable)  
Signature: *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating)  
DATE: **5/25/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>BARINAS, MARTA</b>	
STREET ADDRESS	<b>5881 N.W. 15TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLINARIS, NORMA</b>	
STREET ADDRESS	<b>5881 N.W. 15TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature]* (302) 238-1688

CR2E034 (10/97)