

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000039509 (9)
1. Corporation Name

MARIELA GRAPHICS, INC.

Principal Place of Business

C/O COMMERCE POINTE SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

Mailing Address

C/O COMMERCE POINTE SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0753538

Applied For
Not Applicable

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

2. Principal Place of Business

21 9815 W. Sample Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 9815 W. Sample Rd
Suite, Apt. #, etc.

22 City & State

23 Coral Springs FL

27 City & State

28 Coral Springs FL

24 Zip

33065

Country

25 Broward

29 Zip

33065

Country

30 Broward

9. Name and Address of Current Registered Agent

SCHROEDER, E. SCOTT
C/O COMMERCE POINTE SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

81 Name

Robin Calabrese

82 Street Address (P.O. Box Number is Not Acceptable)

9815 W. Sample Rd

83

84 City

Coral Springs

85 Zip Code

FL 33065

10. Name and Address of New Registered Agent

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 Robin Calabrese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-5-98
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CALABRES, ROBIN
STREET ADDRESS 1818 SOUTH AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

13 STREET ADDRESS 9815 W. Sample Rd

14 CITY-ST-ZIP Coral Springs FL 33065

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Robin Calabrese

3-22-98

CR2E034 (5/98)