

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

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90004 027 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000104000**

1. Corporation Name  
**MARODO CORP.**

Principal Place of Business 10155 COLLINS AVE. APT 1206 MIAMI FL 33154	Mailing Address 10155 COLLINS AVE. APT 1206 MIAMI FL 33154
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0803157	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified  
**12/10/1997**

8. This corporation owes the current year Intangible Personal Property Tax.  
 Yes  No

9. Name and Address of Current Registered Agent

**MUFSON, FLORENCE**  
10155 COLLINS AVE, APT 1206  
MIAMI FL 33154

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUFSON, FLORENCE	
STREET ADDRESS	10155 COLLINS AVE, APT 1206	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SOKOLIK, DON	
STREET ADDRESS	3100 HUNTER ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOKOLIK, MARC	
STREET ADDRESS	925 BLUESPRING LANE	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, RONALD	
STREET ADDRESS	642 NE 204 LANE	
CITY-ST-ZIP	MIAMI FL 33179	
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)(l), 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.

SIGNATURE: *Florence Mufson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Jan. 10, 1999 Date (305) 866-6502 Daytime Phone #

CR2E034 (1/98)