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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000004270

1. Corporation Name
MARLA CORPORATION

Principal Place of Business

69 MERRICK WAY
#208
CORAL GABLES FL 33134

Mailing Address

69 MERRICK WAY
#208
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3300 N.E. 192ND ST.

22 Suite, Apt. #, etc.
#501

23 City & State
AVENTURA

24 Zip Country
FL. 33180

2a. Mailing Address

26 P.O. Box 141585

Suite, Apt. #, etc.

28 City & State
CORAL GABLES FL

29 Zip Country
33134

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

65-0803786

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 the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JORDAN, EDWARD
69 MERRICK WAY
#208
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
EDWARD JORDAN

82 Street Address (P.O. Box Number is Not Acceptable)
3300 N.E. 192ND ST. #501

83

84 City
AVENTURA

FL

85 Zip Code
33180

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME JORDAN, EDWARD
STREET ADDRESS 325 SW. 97TH COURT
CITY-ST-ZIP MIAMI FL 33174

TITLE VD
NAME FERNANDEZ, CARY
STREET ADDRESS 300 BAY VIEW DR. #911
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)