

AMOUNT DUE ON OR BEFORE 09/15/99: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000069819</b>					
1. Corporation Name <b>MARRA INDUSTRIES REFRIGERATOR CORP.</b>					
Principal Place of Business 15476 NW 77 CT. SUITE 501 MIAMI LAKES FL 33016			Mailing Address 15476 NW 77 CT. SUITE 501 MIAMI LAKES FL 33016		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>15476 NW 77 CT.</b> Suite, Apt. #, etc. 22 <b>SUITE # 608</b> City & State 23 <b>MIAMI-LAKES, FL</b> Zip 24 <b>33016</b>			2a. Mailing Address 26 <b>15476 NW 77 CT.</b> Suite, Apt. #, etc. 27 <b>SUITE # 608</b> City & State 28 <b>MIAMI-LAKES, FL</b> Zip 29 <b>33016</b>		
3. Date Incorporated or Qualified <b>08/11/1998</b>			4. FEI Number <b>65-0855521</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>GORDON, ROSA</b> <b>15478 NW 77 CT.</b> <b>SUITE 501</b> <b>MIAMI LAKES FL 33016</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>GORDON, RICHARD JR.</b> STREET ADDRESS <b>15476 NW 77 CT. SUITE 501</b> CITY-ST-ZIP <b>MIAMI LAKES FL 33016</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>VPO</b> <input type="checkbox"/> DELETE NAME <b>GORDON, ROSA</b> STREET ADDRESS <b>15476 NW 77 CT. SUITE 501</b> CITY-ST-ZIP <b>MIAMI LAKES FL 33016</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: <u><i>Rosa Gordon</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90011 002 \*\*\*150.00

597975 - 90003 - 17



CR2E034 (5/99)

597975-90003-17  
P98000069819

MARRA INDUSTRIES REFRIGERATOR CORP

7/26/99

Ref#: P98000069819

TO WHOM IT MAY CONCERN,

WE ARE RESUBMITTING THIS LETTER TO YOU FOR THE SECOND TIME. THE REASON WE ARE PAYING \$150.00 FOR THE ANNUAL REPORT IS BECAUSE WE NEVER RECEIVED THE FIRST LETTER IN THE MAIL AND THE ONLY ONE WE RECEIVED WAS THE LATE NOTICE ONE. WE DID NOT RECEIVE THE FIRST ONE BECAUSE IT WAS SENT TO THE WRONG ADDRESS OUR ADDRESS IS 15476 NW 77 CT. SUITE #608 NOT SUITE #501. I SPOKE TO A REPRESENTATIVE FROM YOUR COMPANY AND THEY TOLD ME TO SUBMIT IT AGAIN WITH THE \$150.00 CHECK AND I DID. ANY FURTHER QUESTIONS FEEL FREE TO CALL ME AT (305) 623-2030. THANK YOU

SINCERELY YOURS,



ROSA GORDON