

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103449
1. Corporation Name
MARTON INVESTMENT CORP.

Principal Place of Business Mailing Address
145 E. FLAGLER ST.
MIAMI, FL. 33131 -SAME-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12-11-1998

4. FEI Number
65-0880983 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MARLON AVNRI
801 S. BAYSHORE DR. # 2070
MIAMI, FL. 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AVNRI, MARLON | 1.2 NAME | |
| STREET ADDRESS | 801 S. BAYSHORE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL. 33131 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | 900003070599-1 |
| STREET ADDRESS | | 2.3 STREET ADDRESS | -12/15/99--01019--022 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | ***150.00 ***150.00 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: MARLON AVNRI 11-08-99 (305) 379-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

MARTON INVESTMENT CORP.
145 EAST FLAGLER ST.
UNIT C-5
MIAMI, FLORIDA 33131
(305)379-1925

October 21, 1999

DEPARTMENT OF STATE
ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

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Re: Administrative Dissolution

To Whom It May Concern:

We are in receipt of the Certificate of Dissolution whereby our corporation has been involuntarily dissolved. We are a relatively new company incorporated on December 11, 1998. We had no knowledge that the Annual Report Form had to be filed. We had just paid, in December, to incorporate ourself in the state and had no knowledge that we had to pay again one month later. The Report itself has never been mailed to us, but Payless Shoes who rents downstairs received our notice of Dissolution from your agency. Perhaps you have been sending correspondence to Payless Shoes and they have not forwarded all of the mail. Also, our attorney put down his address as the Registered Office on the Articles of Incorporation and he made no mention of this Form.

It is our belief that all taxes and government fees be paid after salaries. It goes without saying that we would have immediately paid the Annual Report Form upon it been received. Please accept our apology for not having been aware of this fee or the form. It is our first time and we request an abatement of the Dissolution. Most would think that it's not fair to punish the unintentional and unknown. Please let us know of your decision.

Sincerely,

Magarita Gutstein

Magarita Gutstein
by direction

MG/ad