

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S16960 (4)
1. Corporation Name
MARBLE BOUTIQUE, INC.

Principal Place of Business
ONE LAS OLAS CIRCLE #1013
FORT LAUDERDALE FL 33316

Mailing Address
ONE LAS OLAS CIRCLE #1018
FORT LAUDERDALE FL 33316

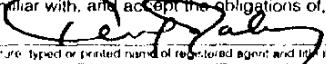


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3043 NW 48th Ave. Suite, Apt. #, etc. 22 COCONUT CREEK, FL 33063 City & State 23 COCONUT CREEK, FL 33063 Zip Country 24		2a. Mailing Address 25 3043 NW 48th Ave. Suite, Apt. #, etc. 26 COCONUT CREEK, FL 33063 City & State 27 COCONUT CREEK, FL 33063 Zip Country 28		3. Date Incorporated or Qualified 12/04/1990		4. FEI Number 65-0236521 Applied For Not Applicable		5. Certificate of Status Desired \$8.75 Additional Fees Required	
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							

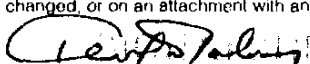
9. Name and Address of Current Registered Agent REINSTEIN, JOEL 500 EAST BROWARD BOULEVARD 13TH FLOOR FORT LAUDERDALE FL				10. Name and Address of New Registered Agent 81 Name YALIM, TEVFIK 82 Street Address (P.O. Box Number is Not Acceptable) 3043 NW 48th Ave. 83 84 City COCONUT CREEK FL 85 Zip Code 33063			
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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  4-14-98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPV	NAME	YALIM, TEVFIK	1.1 TITLE		1.2 NAME	
STREET ADDRESS	ONE LAS OLAS CIRCLE 1013			1.3 STREET ADDRESS	3043 NW 48th Ave.		
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063		
TITLE	DST	NAME	YALIM, NECLA	2.1 TITLE		2.2 NAME	
STREET ADDRESS	ONE LAS OLAS CIRCLE 1013			2.3 STREET ADDRESS	3043 NW 48th Ave.		
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33063		
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE		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.

SIGNATURE:  TEVFIK YALIM 4-14-98 (954) 975-3586

CR2E034 (10/97)