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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44140 (9)

1. Corporation Name
MARLA SANCHEZ, INC.



Principal Place of Business: 155 S MIAMI AVE PH I MIAMI FL 33130
Mailing Address: 155 S MIAMI AVE PH I MIAMI FL 33130-1609

3. Date Incorporated or Qualified: 04/08/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 28 W. FLAGLER
2a. Mailing Address: 26 28 W. FLAGLER

4. FEI Number: 65-0259153
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 806
27 806

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 MIAMI FL
28 MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33130 25 USA
29 33130 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SANCHEZ, MARLA
155 S. MIAMI AVENUE
PH-I
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: SANCHEZ, MARLA
82 Street Address (P.O. Box Number is Not Acceptable): 28 W. FLAGLER ST.
83 806
84 City: MIAMI FL 85 Zip Code: 33130

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: *Marla Sanchez* Marla Sanchez, President 1-29-97
DATE: 1-29-97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PST	<input type="checkbox"/>
NAME	SANCHEZ, MARLA	
STREET ADDRESS	155 S MIAMI AVE I	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	SANCHEZ, MARLA	
STREET ADDRESS	155 S MIAMI AVE I	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	28 W. FLAGLER ST SUITE 806		
1.4 CITY- ST- ZIP	MIAMI, FL 33130		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			

14. I do 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: *Marla Sanchez* Marla Sanchez 1/29/97 (305) 374-6761
Date: 1/29/97 Daytime Phone #: (305) 374-6761

CR2E034 (9/96)