


**FILED**  
**Jul 01, 1999 8:00 am**  
**Secretary of State**

07-01-1999 90007 004 \*\*\*150.00

07-28-1999 90019 004 \*\*\*400.00

<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 # V25065</b>			
1. Corporation Name <b>MARLIAN INC.</b>			
Principal Place of Business <b>MONSIEUR DOUVIER, BUREAU FRANCIS LEFEBVRE</b> <b>3 VILLA EMILE-BERGERAT, 92522 NEUILLY-SUR-SEINE CEDEX, PARIS, FRANCE</b>		Mailing Address <b>MONSIEUR DOUVIER, BUREAU FRANCIS LEFEBVRE</b> <b>3 VILLA EMILE-BERGERAT, 92522 NEUILLY-SUR-SEINE CEDEX, PARIS, FRANCE</b>	
2. Principal Place of Business <b>21 MR DOUVIER</b> Suite, Apt. #, etc. <b>22 79 RUE DE FEUCHEROLLES</b> City & State <b>23 78630 ORGEVAL</b> Zip <b>25 FRANCE</b>		2a. Mailing Address <b>26 MR DOUVIER</b> Suite, Apt. #, etc. <b>27 79 RUE DE FEUCHEROLLES</b> City & State <b>28 78630 ORGEVAL</b> Zip <b>30 FRANCE</b>	
3. Date Incorporated or Qualified <b>03/31/1992</b>		4. FEI Number <b>NOT APPLICABLE</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 Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 S PINE ISLAND RD</b> <b>PLANTATION FL 33324</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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP	D DOUVIER, LUCIEN 79 RUE DE FEUCHEROLLES ORGEVAL FR	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUVIER, LILIANE 79 RUE DE FEUCHEROLLES ORGEVAL FR	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douvier*  
*June 1999*

Daytime Phone #

CR2E034 (1/98)