FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 (1)DOCUMENT # MARVIN ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State



							1			
Principal Place of Business Mailing Address							() \$40 \$1100 \$100 \$100 \$100 \$100 \$100 \$100	·#·: ▼·#›: \$·#!! ₹·#!! ₹!#!		
3805 BROAD	WAY		3806 BROA	3805 BROADWAY						
W PALM BEACH FL 33407			W PALM BI	W PALM BEACH FL 33407			DO NOT WOLLE IN	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	THIS STACE		
							06/25/1992			
2. Principal P	lace of Busin	noss	2a. Mailing A	Address			4. FEI Number	Ap	plied For	
21			26	26			65 - 0343056	No	t Applicable	
Sulte, Apt.	#, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22			27				5. Continuate of Status Desired	Fee Re	quired	
City & Stat	e		City & St	City & State			6. Election Campaign Financing	_ \$5.00	May Be	
23			28				Trust Fund Contribution	Added	to Fees	
Zip	, ·			Zip Country			8. This corporation owes or has paid the current year Intangible			
24		252930			30		Personal Property Tax due June 30. Yes No			
			rrent Registered Age	ent		 	10. Name and Address of New Regis	tered Agent		
	ITEL, MANO				81	Name				
	05 B road			82 Str			Address (P.O. Box Number is Not Acceptable)			
W	PALM BEA	CH FL 33407			L					
					83	4				
					84	City		- 85 Zip (Code	
						"		FL		
office or r	regi ste red ac	ent, or both, in the S	0502 and 607.1508, F tate of Florida. Such o oligations of, Section	change was a	uthorized b	y the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	oose of changing it he appointment as	s registered registered	
SIGNATURE										
	Signature, typeo	or printed name of registries		(NO16		jont signature		DATE		
12.	- 	OFFICERS	AND DIRECTORS	OF STE	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	MANO:	L.	DELETE	1.1 TITLE			☐ Change	Addition	
NAME		MANOJ			1.2 NAME				İ	
STREET ADDRESS		ROADWAY			1.3 STREE	T ADDRESS			<u> </u>	
CITY-ST-ZIP	W PALE	M BEACH FL		T AFLETC	1.4 CITY-	ST-ZIP		Change	Addition	
TITLE			L	DELETE	2.1 TITLE			Change	L Abdition	
NAME					2.2 NAME				1	
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CITY-ST-ZIP	<u> </u>			Thriere	3.4. CITY	ST-ZIP		Obene	A # # 1915 m	
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NAME					4. 2 NAMI	1	•			
STREET ADDRESS					4.3 STREE	T ADDRESS			ŀ	
CITY-ST-ZIP				7	4.4 CITY-	ST-ZIP			T1.135	
TITLE			L	DELETE	5.1 TITLE	İ		L. Change	Addition	
NAME					5.2 NAME	l			ļ	
STREET ADDRESS					5.3 STREE	T ADDRESS				
CITY-ST-ZIP	ļ. <u></u>				5.4 CITY-	ST-ZIP	1. U. W.			
TITLE	İ		L	DELETE	6.1 TITLE			☐ Change	Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	T ADDRESS				
CITY ST. 7IP	I				64 City	ST. 7/P				

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.

2/2/Ocv

SULVIUS COTIS