**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90174 022 \*\*\*150.00

## 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

## DOCUMENT # **J49345**

1. Corporation Name

MARKET	ring, advertising & Sal	.es services, inc.								
Principal Plac	e of Business	Mailing Address				#		DIOLI BIBNI OLOIL O	1811 81811 18 <b>8</b> 1	
4929 SW 74TH COURT       4929 SW 74TH COURT         MIAMI FL 33155       MIAMI FL 33155						DO NOT WR	ITE IN THIS	SPACE		
					3. Date Incorp.	orated or Qualifed				
Principal Place of Business     2a. Mailing Address					4. FEI Number			App	plied For	
21		26			59-27534	<u> </u>			Applicable _	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired		<b>\$8.75</b> A Fee Re		
City & State City & S		City & State	:e			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip C	ountry		8. This corpora	ation owes the cur	rent year In	tangible	□No	
24 25 29 36					Personal Property Tax. Yes No  10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent				Name	to time and transact of their trafficulties tiffens					
MARTINEZ-FONTS, ALICIA 4929 SW 74TH COURT MIAMI FL 33155			82	Street Addr	ress (P.O. Box Nun	ber is Not Accept	lable)			
						· · ·	<u> </u>			
TVIIVI	WII 1 C 33 133		83							
			84	City		-	FL	85 Zip C	Code	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statutes, the e of Florida. Such change was authoriz jations of, Section 607.0505, Florida St	ed by atutes	the corporation.	on's board of direct	ors. I hereby acce	pare	intment as reg	gistered	
12.		ND DIRECTORS 1		nt aignatore roquiro		CHANGES TO OF		ND DIRECTO	RS IN 12	
TITLE	PD		TITLE					☐ Change	Addition	
NAME	MARTINEZ-FONTS, ALICIA	1.2	NAME							
STREET ADDRESS		1.3	STREET	TADDRESS				•	•	
CITY-ST-ZIP	MIAMI FL   VD		CITY-S	T-ZIP			<u> </u>	☐ Change	Addition	
TITLE	MADRUGA, MARIA A.	_	NAME		- -, -,	-		Cuango		
NAME STREET ADDRESS	4000 CW/ZATU COUDT			T ADDRESS :	<u>t.</u> 5-					
CITY-ST-ZIP	MIAMI FL		4 CITY-S	i	•	·				
TITLE		☐ DELETE 3.1	TITLE					Change	Addition	
NAME		3.2	NAME	ĺ			•			
STREET ADDRESS	8	3.3	STREE	TADDRESS						
CITY-ST-ZIP			LCITY-S	ST-ZIP		=		Change	Addition	
TITLE			2 NAME							
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-S							
TITLE		☐ DELETE 5.º	TITLE		,			Change	☐ Addition	
NAME	1	-								
		i	NAME			•	•		-	
STREET ADDRESS	5	5.3	STREE	TADORESS		•			.	
CITY-ST-ZIP	5	5.3 5.4		1		· -	· ·	☐ Change	☐ 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS