

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

98 JUL 14 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # **K85859 (2)**
 1. Corporation Name
METROPOLITAN CONSULTING AND MARKETING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1701 BAY DRIVE MIAMI BEACH FL 33141
 Mailing Address: P.O. BOX 415037 MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 05/05/1989
 3a. Date of Last Report: 07/16/1996
 4. FEI Number: 65-0200612
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Same
 Suite, Apt #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26 1701 Bay Drive
 Suite, Apt #, etc.: 27
 City & State: 28 Miami Beach, FL
 Zip: 29 33141 Country: 30 USA

9. Name and Address of Current Registered Agent
MARGUERITTE, RAMOS W
1701 BAY DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 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: [Signature] DATE: 7/1/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAMOS, MARGUERITTE W.	
STREET ADDRESS	1701 BAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, OLIVA	
STREET ADDRESS	1045 TENTA STREET, #904	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, OLIVA	
STREET ADDRESS	1045 TENTH STREET, #904	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP, DVS, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	700002594127--2	
2.4 CITY-ST-ZIP	-07/21/98--01070--009	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	*****300.00 *****900.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT 97-98
 7/1/98

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 in the manner, or on an attachment with an address.

CR2E034 (4/97)