

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90126 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000098841**

1. Corporation Name
UNO MARKETING, INC.



Principal Place of Business Mailing Address
100 N BISCAYNE BLVD. SUITE 1001 **100 N BISCAYNE BLVD. SUITE 1001**
MIAMI FL 33132 **MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/06/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0718152	
24		25		29	
25		26		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FREEMAN, STEPHEN A 520 BRICKELL KEY DR, SUITE 0-305 MIAMI FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREEMAN, STEPHEN A 520 BRICKELL KEY DR, SUITE 0-305 MIAMI FL 33131				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	D7V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, OSCAR JR	1.2 NAME	Garcia, Oscar, Jr.
STREET ADDRESS	100 N BISCAYNE BLVD. #1001	1.3 STREET ADDRESS	100 N. Biscayne Blvd. Suite 1001
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILHENA, KATHY L	2.2 NAME	Vilhena, Sergio
STREET ADDRESS	100 N BISCAYNE BLVD, SUITE 1001	2.3 STREET ADDRESS	100 N. Biscayne Blvd. #1001
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____ DATE 03/10/99 (305)377-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)