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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000081525 (2) DOCUMENT #

PUBLIC AFFAIRS MARKETING, INC.

Principal Place of Business		Mailing Address				t idestads tin 1911 (mait mait matt matt antar inik, trads strin 1190) att 1901	
1471 N.W. 43RD ST. MIAMI FL 33142		1471 N.W. 43RD ST. MIAMI FL 33142			•	DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified 09/19/1997	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-2216/20	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Žη)	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ROLLE, WELLINGTON 1471 N.W. 43RD ST. MIAMI FL 33142							

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. Thereby accept the appointment as registered agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

84 City

SIGNATURE (NOTE Registered Agent signature required when reinstating) Storature: typical or perated name of regulary diagonal and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition 1.1 TITLE TITLE Wellington Rolle 1471 NW 43rd St 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP ☐ DELET€ Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - \$1 - ZIP CITY-S1-ZIP DELETE Addition 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 DILE TITLE NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition LIELFTE 51 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-ST-ZIP Change DELFTE 61 TITLE TITLE 62 NAME NAME --06/22/38---01012---000 63 STREET ADDRESS STREET ADDRESS \*\*\*150.00

CITY-ST-ZIP 14. Thereby 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

64.CITY-ST-ZIP

l l e Mallatin

4-29-90 (300)(24 021-

**FILED** 

Jun 19 1998 8:00am

Secretary of State

Zip Code

85