

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CORPORATION

**APPROVED
AND
FILED**

95 JUL 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **640798**

BROAD MARKETING ASSOCIATES, INC.

Principal Place of Business: 2001 N. W. 93 Avenue
Miami, FL 33172
Mailing Address: 2001 N. W. 93 Avenue
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1981**
3a. Date of Last Report: **07/13/95**
4. F.I.L. Number: **59-2103078**
Applied Fee: 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 has liability for intangible tax under S. 199(3)(2) Florida Statutes: Yes No

21. Principal Place of Business: State: **FL**
22. City & State: **Miami, FL**
23. City: **Miami** County: **Dade**
24. City: **Miami** County: **Dade**
25. City: **Miami** County: **Dade**
26. Mailing Address: State: **FL**
27. City & State: **Miami, FL**
28. City: **Miami** County: **Dade**
29. City: **Miami** County: **Dade**
30. City: **Miami** County: **Dade**

9. Name and Address of Current Registered Agent
Robert Klein
2001 N. W. 93 Avenue
Miami, FL 33172

10. Name and Address of New Registered Agent
81. Name: **Howard W. Gordon, Esq.**
82. Street Address (P.O. Box Number is Not Acceptable): **201 Alhambra Circle, Suite 1200**
83. City: **Coral Gables** State: **FL** Zip Code: **33134**
84. City: **Coral Gables** State: **FL** Zip Code: **33134**

11. I, the undersigned, do hereby certify that the information furnished herein is voluntarily furnished and does not qualify for the exemption stated in Sections 199(3)(1)(b) Florida Statutes. I further certify that the information contained 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 of the business or business enterprise to which this report is required by Chapter 199, Florida Statutes, and that my name appears on the books of the corporation or enterprise with an address.

Signature: *Robert Klein* Date: **7/18/95**

12. OFFICERS, DIRECTORS, AND OTHERS (List in Order of Precedence)
NAME: **F/D Robert Klein**
STREET ADDRESS: **6309 N. W. 73 Avenue**
CITY: **Tamarac, FL 33321**
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STREET ADDRESS: **6309 N. W. 73 Avenue**
CITY: **Tamarac, FL 33321**

13. ALL OTHERS (List in Order of Precedence)
NAME: **F/D**
STREET ADDRESS: **6309 N. W. 73 Avenue**
CITY: **Tamarac, FL 33321**
NAME: **F/D**
STREET ADDRESS: **6309 N. W. 73 Avenue**
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7/19/95
W.S.T.

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(3)(1)(b) Florida Statutes. I further certify that the information contained 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 of the business or business enterprise to which this report is required by Chapter 199, Florida Statutes, and that my name appears on the books of the corporation or enterprise with an address.

SIGNATURE: *Robert Klein* Date: **7/18/95** (305) 597-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Klein