FILE NOW:	FILING	FEE	AFTER	MAY	1ST	IS	\$550.	.00

Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS · 1998 98 JUL 24 PM 2: 00 DOCUMENT # F64007 (0)olioku (AKT OF STATE TALLAHASSEE, FLORIDA A-D-A MARKETING ADVISORY SERVICE, INC. Principal Place of Business Mailing Address 3030 N.E. 51ST STREET 3030 N.E. 51ST STREET LIGHTHOUSE POINT. FLORIA 33064 LIGHTHOUSE POINT. FLORIA 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1982 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 13-2913626 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Γ 23 Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible ☐ No 25 30 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, DOUGLAS A., ESQ. 800 WEST CYPRESS CREEK ROAD, SUITE 210 82 Street Address (P.O. Box 14013 10 143--1 **FORT LAUDERDALE FL 33309** -07/29/98--**-0**1064--017 83 ****150.00 ****150.00 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN CR2E034 (10/9) 12. 13. DELETE Change TITLE 1.1 TITLE MARY ESTER 5157 STREET HARRINGTON, MAR 3030 NE 5157 NAME DE ASARTA, ALESSANDRO 1.2 NAME STREET ADDRESS 3030 NE 51ST STREET 1.3 STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP LIGHTHOUSE PT. FL 00000 1.4 City - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DEASARTA, ESTHER BOBONE STREET NAME DE ASARTA, ESTHER 2.2 NAME 3030 NE 51ST ST. 2.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT 33064 LIGHTHOUSE PT. FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ___ Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby certify that the information supplied with this filling closs 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

11/11/100 (ac) U17-4108