

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G28769 (9)

1. Corporation Name

MARKETING CORPORATION INTERNATIONAL

Principal Place of Business

1125 NE 125TH STREET
SUITE 300
NORTH MIAMI FL 33161

Mailing Address

1125 NE 125TH STREET
SUITE 300
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1983

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2281496

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10800 BISCAYNE BLVD.

2a. Mailing Address

26 10800 BISCAYNE BLVD

Suite, Apt. #, etc.

22 PENTHOUSE

Suite, Apt. #, etc.

27 PENTHOUSE

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33161

Country

25 DADE

Zip

29 33161

Country

30 DADE

9. Name and Address of Current Registered Agent

NEVINS, ARNOLD ESQ.
46 SOUTHWEST 1ST STREET, SUITE #400
MIAMI FL 33130

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME HARRIS, MEL
STREET ADDRESS 1125 NE 125TH STREET #300
CITY-ST-ZIP NORTH MIAMI FL

TITLE D
NAME HARRIS, MEL
STREET ADDRESS 1125 NE 125TH STREET #300
CITY-ST-ZIP NORTH MIAMI FL

TITLE VS
NAME RYAN, NANCY
STREET ADDRESS 1125 NE 125TH STREET #300
CITY-ST-ZIP NORTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10800 Biscayne Blvd. Penthouse
1.4 CITY-ST-ZIP Miami, FL 33161

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10800 Biscayne Blvd. Penthouse
2.4 CITY-ST-ZIP Miami, FL 33161

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 10800 Biscayne Blvd. Penthouse
3.4 CITY-ST-ZIP Miami, FL 33161

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY RYAN

4/24/95

(305) 899-0404