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

POCUMENT #

G34809

(5)

AVANTI ADVERTISING & MARKETING CONSULTANTS, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



9850 S.W. 23 MIAMI FL 331		9850 S.W. 23 TRAIL MIAMI FL 33165-1442		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
					04/14/1983	
2. Principal P 21 9850	Place of Business 1 SW 23 TERE.	26. Mailing Address 26. 9850 5W 23TFL	r		4. FEI Number 59-2379463	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State MISMI, FL		City & State 28 MISMI, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33/8			Country	MI 201		Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	igent
DIAZ, ARMANDO F.				Name		
	50 SOUTHWEST 23RD TERRACE		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
Mi/	AMI FL 33185		83			
			L			
			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 harne of registered agent and tille diapplication (NOTI Registered Agent signature required when revisitating) DATE						
12,	OFFICERS AND		13.	ent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	DIAZ, ARMANDO F		1.2 NAME	Ì		
STREET ADDRESS	9850 SW 23 TRAIL		13 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	ST-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	1		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CHTY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	_ [
STREET ADDRESS			3.3 STREET	ľ	•	
CITY-ST-ZIP TITLE	·	DELETE	3.4 CITY-1	SI - ZIP		Change Addition
NAME		La bitter	4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	ADDRESS		İ
CITY-ST-ZIP			54 CHY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE	_ [☐ Change ☐ Addition
NAME			6.2 NAME	ĺ		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		A) 12 E(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6.4 CITY-S		E- C	arr all all all arrays
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 Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, open an attachment with an address.						