

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G89069**

(0)

1. Corporation Name

U.S. MARKETING AGENCIES, INC.



Principal Place of Business

**4747 N. OCEAN DRIVE
SUITE 233
FT. LAUDERDALE FL 3308
US**

Mailing Address

**SOTOMAYOR
4900 N. OCEAN DR #416
FT. LAUDERDALE FL 33308
US**

3. Date Incorporated or Qualified

03/01/1984

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2662773

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEDOYA, MARIA ELENA
4400 W. SAMPLE RD. #120
SUITE 506
COCONUT CREEK FL 33073**

81 Name **MARIA ELENA SOTOMAYOR**

82 Street Address (P.O. Box Number is Not Acceptable)

4900 N. OCEAN DR #416

83

84 City **FT LAUDERDALE FL** 85 Zip Code **33308**

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

Manuel F. Sotomayor / Secretary

4/19/96

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETE
NAME **SOTOMAYOR, MANUEL F**
STREET ADDRESS **4900 N OCEAN BLVD, #416**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **SOTOMAYOR, CARLOS A**
STREET ADDRESS **4900 N OCEAN BLVD, #416**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **BEDOYA, MARIA ELENA**
STREET ADDRESS **4338 N CARAMBOLO CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SOTOMAYOR, MARIA ELENA**
3.3 STREET ADDRESS **4900 N. OCEAN DR #416**
3.4 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(k), 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

4/19/96

Daytime Phone #

CR2E034 (12/95)