## FILE NOW FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H02532 (0) 1. Corporation Name SALES AND MARKETING CORPORATION  Principal Place of Business Mailing Address 328 CRANDON BLVD. SUITE 212							
KEY BISCAY	NE FL 33149	KEY BISCAYNE FL 33149	<b>-1331</b>	6 001 1010	Ta- 5.	te of Last F	
				<ol> <li>Date Incorporated or Qualified</li> <li>05/08/1984</li> </ol>		te of Last P 17/1996	чероп
	Place of Business Compoundly	2a. Mailing Address		4. FEI Number 59-2400705			pplied For
11.22.6 Suite, Ap		Suite, Apt. #, etc.					ot Applicable Additional
	e 202	27		5. Certificate of Status Desired			equired
City & Sta	ate	City & State		6. Election Campaign Financing			May Be
3 Key	RuseAyne, FL.	28	Country	Trust Fund Contribution			to Fees
4 33		29	30	This corporation has liability to Florida Statutes	r intangible Yes		s. 199.032,
	9. Name and Address of Curren			10. Name and Address of New R			
	ERO, JORGE E		81 Name				
	VALENCIA AVENUE H FL		82 Street Ad	ddress (P.O. Box Number is Not Accepte	able)		
	DRAL GABLES FL 33134		83		·		
	NAC GADECO I E 00101		04 0				On the
			84 City		FL	85 Zip	Code
				orporation submits this statement for the oration's board of directors. I hereby acc		changing i pintment as	its registered s registered
SIGNATURE	Styration, typed or practico name of registered age	ini and title if applicable (NC	TE: Registered Agent signature re		DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Stylishar, typed or pictico rune of registerior age OFFICERS AND	ni and titli: if applicable (NC	TE: Registered Agent signature re 13. 1.1 TITLE	equired when reinstating)	DATE		
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14. I do 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 office or opportunity 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 of the control of the property with an address.

SIGNATURE

TULIS H. CHERLINGS
PALOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/97 (305) 365-046

**FILED** 

Apr 09 1997 8:00am

Secretary of State