FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # H02532

(0)

SALES AND MARKETING CORPORATION

FILED						
Apr 13 1998 8:00am						
Secretary of State						

Principal Place of Business Mailing Address					Ett gebet gibit bigit Elfet ifte
328 CRANDO	N BLVD.	328 CRANDON BLVD.			
KEY BISCAY	. 0 5 NF Ft. 33149	202 20.5 KEY BISCAYNE FL 33149		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				05/08/1984	·
⊢	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26]		59-2400705	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required
City & State		City & State			\$5.00 May Be
23		28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip Cou	ntry	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29 30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name •	10. Name and Address of New Registere	d Agent
	ERO, JORGE E	es An name to all	Name -	JULIO M. CARRILLO	
ATHEL KEY STS4A Y NE, FIRST			550	ress (P.O. Box Number is Not Acceptable) CEM DRIVE # 9 H	
C6	PRAL GABLES FL-GO104=		83 Ke	4 BISCAYNE, FL. 3	3149
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508. Florida Statutes, the al	oove-named corr	operation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was authorized	d by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose	ppointment as registered
	in rangar will ann accept the cong	ILIO M. CARRILO (PA	0169 (5)	4/7/48	
SIGNATURE	Storature, word specimen name or requirered ag	cent and trie if applicable (NOTE: Registered	Agent signature requir	red when reinstating) DATE	
12.		ID DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PDT	DELETE 1.1 TI	rle .		☐ Change ☐ Addition
NAME	CARRILLO, JULIO M.	1.2 N/	AME		;
STREET ADDRESS	550 OCEAN DRIVE, 9-H	1.3 ST	REET ADDRESS		i
CITY-ST-ZIP	KEY BISCAYNE FL		TY-ST-ZIP		
TITLE	S AITHDIA CDICTRIA C	DELETE 2.1 TO			Change Addition
NAME	MENDIA, CRISTINA C.	2.2 N			
STREET ADDRESS	228 WESTWOOD DR KEY BISCAYNE FL	1	reet address		
CITY-ST-ZIP TITLE	VP	2.4 C	ITY-ST-ZIP		☐ Change ☐ Addition
NAME	CARRILLO, PURITA F.	32 N			m Annual mannan
STREET ADDRESS	550 OCEAN DRIVE, 9-H		REET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	1	ITY-ST-ZIP		
TITLE		DELETE 4.1 TE			Change Addition
NAME			AME		
STREET ADDRESS		4.3 \$7	REET ADDRESS		
CITY-ST-ZIP		4.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE 5.1 TO			Change Addition
NAME		5.2 N	NME		
STREET ADDRESS		5.3 \$7	REET ADDRESS		
CITY+ST-ZIP			TY-ST-ZIP		
TITLE		☐ DELETE 61 TI	TLE		Change Addition
NAME		6.2 N/	AME .		
STREET ADDRESS		6 3 ST	REET ADDRESS		
CITY-ST-ZIP		6.4 CF	TY-ST-ZIP		

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or an altachment with an address.

(305-365-0469