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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # J49345

(8)

MARKETING, ADVERTISING & SALES SERVICES, INC.

Principal Place of Business Mailing Address									
						I INCHES AND BIRES INTER LEGIC GRANT OF) WIWII # 1\$11	Biffit ainit bibit	\$1611 (mit.
4929 SW 74TH		4929 SW 74TH COURT	4929 SW 74TH COURT MIAMI FL 33155-4412						
MIAMI FL 3315	5	MIAMI FL 33155-4412							
						3. Date Incorporated or Qualified 12/22/1986		Date of Last R /03/1996	leport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26			59-2753436 Not Applicable				
Suite Apt.	Suite, Apt. #, etc.	luite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22		27				5. Certificate of Status Desired		Fee Re	equired
City & State	e	City & State	<u>-</u>			6. Election Campaign Financing \$5.00 May Be			
23	Country	28 Zip	T Co			Trust Fund Contribution		Added	
Zip	Country	ļq '	30 Cou	пиу		This corporation has liability for Florida Statutes	rintangibl ∭ Yes		. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent				10. Name and Address of New Registered Agent			
MARTINEZ-FONTS, ALICIA					Name				
	9 SW 74TH COURT				01 1 4 1 1	(2.0. 5. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	. 1. 3		
	MI FL 33155			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
1112	2			83					
				-	0.1			12-1	0
				84	City		Fl	 85 Zip (Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was	authorize	d by	the corporati	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose ept the ap	of changing it pointment as	ts registered registered
SIGNATURE									
	Stgrature: Typed or privated han e of registered a	· · · · · · · · · · · · · · · · · · ·		d Age	nt eignature require	ad when reinstating)	DATE	ID DIDECTOR	50.01.40
12.	PD OFFICERS A	ND DIRECTORS DELETE	13.	71 C		ADDITIONS/CHANGES TO OFF	ICEHS AF	Change	Addition
NAME	MARTINEZ-FONTS, ALICIA	perite	1.2 N/		ĺ		-	onango	
STREET ADDRESS	4929 SW 74TH COURT				ADDRESS				
CITY-ST-ZIP	MIAMI FL		1		T-ZIP				
Title	VO	DELETE	2.1 7		1-211			Change	Addition
NAME	MADRUGA, MARIA A.	_	2.2 N	ME					
SUREET ADDRESS	4929 SW 74TH COURT		2.3 \$	REET	ADDRESS				Ì
COY-ST-7IP	MIAMI FL		2.40	ITY - S	ST-ZIP				
TITLE		DELETE	3.1 TI	TLE				☐ Change	☐ Addition
NAME			32 N	AME	\	•	. 35		
STREET ADDRESS			3.3 \$	TREET	ADDRESS .				
Cifn ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	4.1 Ti					L Change	Addition
NAME			4. 2 N	AME		1			
STREET ADDRESS			4.3 S	TREET	ADDRESS				
C-TY - ST - ZIP		T occurr			T-ZIP			☐ Change	Addition
TITLE		DELETE	5.1 TI					creange	LT Addition
NAME:			5.2 N		4000505				
STREET ADDRESS					ADORESS				
CITY - ST - ZIP	<u></u>	☐ DELETE		_	T-2IP			Change	Addition
TITEF			61 TI			,		C change	
NAME:			62 N		, poncee	•			
STREET ADDRESS	I .		035	Idtti	ADDRESS				,

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

appears in Block 12 or Block 13

FILED

Jan 28 1997 8:00am

Secretary of State

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