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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # K48533

(9)

| 1. Corporation   | ATIONAL MARKETERS, II  | ` '   |   |                                       |                             |  |              |                |  |
|--|--|---|---|---------------------------------------|-----------------------------|--|--------------|----------------|--|
| Principal Place  | e of Business  | Mailing Address   |   |                                       |                             |  |              |                |  |
| 3715 HARLANO STREET CORAL GABLES FL 33134  3715 HARLANO STREET CORAL GABLES FL 33134 |  |   |   |                                       |                             | DO NOT WRITE IN 1  | ti iie envet |                |  |
| U\$ U\$  |  |   |   |                                       |                             | DO NOT WRITE IN THIS SPACE   |              |                |  |
|  |  |   |   |                                       |                             | 3. Date Incorporated or Qualified  |              | 1              |  |
| 2. Principal Pl  | 2a. Mailing Address  | <del></del>   |   |                                       | 11/28/1988<br>4. FEI Number | <del></del>  | Applied For  |                |  |
| า  | 300 0. 200,,,,,,,  | 26  |   |                                       |                             | !"   |              | Not Applicable |  |
| Suité, Apt #, etc  |  | Suite, Apt. W. etc.   |   |                                       |                             |  | \$8          | 75 Additional  |  |
| 2  |  | 27  |   |                                       |                             | 5. Certificate of Status Desired   | ,            | ee Required    |  |
| City & State   | 3  | City & State  |   |                                       |                             | 8, Election Campaign Financing   | \$5          | .00 May Be     |  |
| 3  |  | 28  |   |                                       |                             | Trust Fund Contribution  |              |                |  |
| Zip  | Country  |   |   | Country                               |                             | 8. This corporation owes or has paid the current year Intangible                       |              |                |  |
| 4  | 25 29 3  |   | 30                                      | 90                                    |                             | Personal Property Tax due June 30. Yes No  |              |                |  |
|  | 9. Name and Address of Curr  | ent Registered Agent  |   | 81 Name                               |                             | 10. Name and Address of New Regist   | ered Agent   |                |  |
| -KHOURY, ADRIANA-K-  |  |   |   |                                       | 3las                        | s A. Oyarzun   |              |                |  |
| - 8745 HARLANO STREET-   |  |   |   | 82 Street                             | Addre                       | ss (P.O. Box Number is Not Acceptable)   |              |                |  |
| CORAL GABLES FL 33134  |  |   |   |                                       | 371:                        | ss (P.O. Box Number is Not Acceptable) Harlano Street                                  |              |                |  |
|  |  |   |   | 83                                    | -                           |  |              |                |  |
|  |  |   |   | 84 City                               |                             |  | 85           | Zip Code       |  |
|  |  |   |   |                                       |                             | al Gables  | FL           | 33134          |  |
| office or re<br>agent. La  | to the provisions of Sections 607 0<br>egistered agent, or both, in the Sta<br>m familiar with, and accept the ob- | 502 and 607.1508, Florida Statute of Florida Such change was ligations of Section 607.0505, F | ites, the al<br>authorize<br>lorida Sta | bove-named<br>d by the corp<br>tutes. | corpo<br>poratio            | ration submits this statement for the purpon's board of directors. I hereby accept the | _            |                |  |
| SIGNATURE  |  |   | 32 A TOTAL                              |                                       |                             |  | <u> </u>     | 18             |  |
| 12,  | OFFICERS A   | AND DIRECTORS   | 13.                                     | d Agent signature                     | required                    | when reinstating)  ADDITIONS/CHANGES TO OFFICERS                                       | AND DIRE     | CTORS IN 12    |  |
| TITLE  | P <del>90</del>  | K DELETE  | 1.1 To                                  | TLE                                   | PSI                         |  | Ch           |                |  |
| NAME   | KHOURY, ADRIANA G  |   |   |                                       |                             | as A. Oyarzun  |              |                |  |
| STREET ADDRESS   | 8715 HARLANO STREET  |   | 1 3 STREET ADDR                         |                                       | 27                          | 15 Harlano Street  |              |                |  |
| CITY-ST-ZIP  | CORAL GABLES FL 33134  |   |   |                                       |                             |  |              | -              |  |
| TITLE  |  |   |   | TLE                                   | Coral Gables, FL 33134      |  | ange T       |                |  |
| NAME   |  |   | 1                                       | 2.2 NAME                              |                             |  |              |                |  |
| STHEET ADDRESS   | 223  |   |   | 2.3 STREET ADDRESS                    |                             |  | T.           |                |  |
| CITY-ST-ZIP  |  |   | 1                                       | CITY-ST-ZIP                           | Ì                           |  |              | _              |  |
| TATLE  |  | ☐ DELETE  | 3.1 T                                   |                                       |                             |  | ☐ Ch         | nange Ado      |  |
| NAME   |  |   | 3.2 N                                   | MME                                   | 1                           |  |              | [              |  |
| STREET ADDRESS   |  |   | 338                                     | TREET ADDRESS                         | [                           |  |              | i              |  |
| CITY-ST-ZIP  |  |   | 3.4.0                                   | CITY-ST-ZIP                           |                             |  |              | i              |  |
| TITLE  |  | ☐ DELETE  | 4.61                                    | ITLE                                  |                             |  | Ct           | nange          |  |
| NAME   |  |   | 4.21                                    | NAME                                  |                             |  |              |                |  |
| STREET ADDRESS   |  |   | 4.3 5                                   | TREET ADORESS                         |                             |  |              |                |  |
| CITY-ST-ZIP  | <u>                                     </u>   |   | 440                                     | CITY-ST-ZIP                           | ]                           |  |              | 1              |  |
| TITLE  |  | DELETE  | 5.1 (                                   |                                       |                             |  | ☐ Cr         | nange Addilioo |  |
| NAME   |  |   | 5.2 1                                   | IAME                                  | 1                           |  | ,            | , S. 10XI      |  |
| STREET ADDRESS   |  |   | 535                                     | TREET ADDRESS                         | 1                           |  |              | SJIUMO         |  |
| CITY-ST-ZIP  |  |   | 540                                     | CITY-ST-ZIP                           |                             |  |              | 8              |  |
| TITLE  |  | ☐ DELETE  | 6.1 1                                   | HTLE                                  |                             | 20000243<br>-02/16/98010   | П            | hange Addition |  |
| NAME   |  |   | 6.21                                    | MME                                   |                             |  | <br>Daniel   | - P            |  |
| STREET ADDRESS   |  |   | 6.3 9                                   | STREET ADDRESS                        |                             | ***150.00  | ich ≘uc      | 1              |  |
| CITY.ST.799  | 1  |   | 1                                       | UTV OT JID                            | 1                           | ಹತ್ತು⊥ನ⊍ಕ್ಟ  |              |                |  |

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 if changed, or on an attachment with an address.

SIGNATURE:

Die Contra

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**FILED** 

Feb 16 1998 8:00am

Secretary of State