

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K48533

1. Corporation Name

INTERNATIONAL MARKETERS, INC.

Principal Place of Business

3715 HARLANO STREET  
CORAL GABLES FL 33134  
408

Mailing Address

2715 HARLANO STREET  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

21 9460 FOUNTAINEBLEAU BLVD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 9460 FOUNTAINEBLEAU BLVD.  
Suite, Apt. #, etc.

22 SUITE N<sup>2</sup> 227

City & State

23 MIAMI - FL

Zip

Country

24 33172

25 U.S.A.

27 SUITE N<sup>2</sup> 227

City & State

28 MIAMI - FL

Zip

Country

29 33172

30 U.S.A.

9. Name and Address of Current Registered Agent

OYARZUN, BLAS A  
3715 HARLANO STREET  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

11/28/1988

4. FEI Number

65-0099342

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

OYARZUN, Blas

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

9460 FOUNTAINEBLEAU BLVD.

83

SUITE N<sup>2</sup> 227

84 City

MIAMI

FL

85 Zip Code

33172

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

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

(NOTE: Registered Agent signature required when reinstating)

01-21-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD  
OYARZUN, BLAS A  
3715 HARLANO STREET  
CORAL GABLES FL 33134

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-99

Date

Daytime Phone #

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90014 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (4/1/98)