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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathum

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02948

(2)

1. Corporation Name

MASS PROMOTIONS, INC.



Principal Place of Business

% MARIA MADRUGA
4929 SW 74TH COURT
MIAMI FL 33155

Mailing Address

% MARIA MADRUGA
4929 SW 74TH COURT
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., Etc.

26

State, Apt., Etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

g. Name and Address of Current Registered Agent

29

Zip Country

30

MADRUGA, MARIA
4929 SW 74TH COURT
SUITE 212
MIAMI FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.04 and 607.17(1), 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, Sections 607.04 and 607.17(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	MADRUGA, MARIA	245 CRANWOOD DR	KEY BISCAYNE FL
VD	MARTINEZ-FONTS, ALICA	4929 SW 74TH CT	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form is correct or supplemental and correct 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 except in the case of a trustee, corporation or sole proprietorship report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a certificate with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (305) 663-3434

CR2E034 (12/95)