

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L38463

(0)

1. Corporation Name

AUSTRAL MARKETING INC.



Principal Place of Business

2205 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309-1857  
US

Mailing Address

2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309-1857  
US

3. Date Incorporated or Qualified  
12/27/1989

3a. Date of Last Report  
06/11/1995

2. Principal Place of Business

2a. Mailing Address

21 1323 S.E. 17th Street

26 1323 S.E. 17th Street

4. FEI Number

65-0185364

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 341

27 Suite, Apt. #, etc.

27 Suite 341

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

23 Ft. Lauderdale, FL

28 City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

24 33316

25 Country

25 USA

29 Zip

29 33316

30 Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURROWS, SUSAN  
2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309

81 Name  
Frank Prineppi

82 Street Address (P.O. Box Number is Not Acceptable)  
1323 S.E. 17th Street

83 Suite 341

84 Ft. Lauderdale, FL 85 Zip Code 33316

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 date of filing

NOTE: Registered Agent Signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE AS  
NAME BURROWS, SUSAN  
STREET ADDRESS 2005 W. CYPRESS CREEK RD., STE. 202  
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Frank Prineppi  
1.3 STREET ADDRESS 1323 S.E. 17th Street, Suite 341  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

☐ 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 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. PRINEPPI

PRESIDENT

9 MAR 96

Date

(305) 574 2814

Daytime Phone

CR2E034 (12/95)