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

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90052 019 ***150.00

1. Corporation	MENT # L69899 MARKETING OF MIAMI, INC.			!	
017411	WITH OF MINWIN, 1110.				
Principal Plac	ce of Business	Mailing Address		I ISBELIOTE OTE OTITO COLOR (SILS ÉDELO	1811 OLDIR BIÐIT 8784, BRÐIT ÐIÐIT BÍÐIT 1904 1904
11151 NW 36T MIAMI FL 3316 US		P. O. BOX 470338 MIAMI FL 33247		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualifed	
· .				05/02/1990	·
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ota	Suite, Apt. #, etc.		65-0188163	Not Applicable
⊢-, ''	. #, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	□ \$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	
24	25	29	30	Personal Property Tax.	Yes □ No
<u> </u>	9. Name and Address of Currer	nt Registered Agent	941 N	10. Name and Address of New Reg	istered Agent
ΙΔΤ	CH DALII E		81 Name	•	•
33.55	51 NW 36TH AVENUE	,	82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
MIAI	MI FL 33167		83	1291 - 911 4 2120 - 611	20 V.S. 7 347 A 54 S.V. FIAN \$100 1260
			84 City	The second of th	Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named cor	poration submits this statement for the put tion's board of directors. I hereby accept the	rpose of changing its registered
	registered agent or both in the State	of Florida Such shance was all			
agent, la	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	imonzed by the corporat ida Statutes.	tion's board of directors, I hereby accept tr	ne appointment as registered
. ∰ agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	inonzed by the corporation of the statutes.	tion's board of directors, I nereby accept the	ne appointment as registered
SIGNATURE	am familiar with, and accept the obligations of registered agents.	nt and title if applicable. (NOTE:	ida Statutes. Registered Agent signature requir	red when reinstating) *	DATE
signature 12.	am familiar with, and accept the obligation of registered age. OFFICERS AN	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requir	adDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TILE	am familiar with, and accept the obligation of registered age of the obligation of t	nt and title if applicable. (NOTE:	Registered Agent signature required 13.	red when reinstating) *	DATE
SIGNATURE 12. TITLE NAME	am familiar with, and accept the obligation of registered age of PD LATCH, PAUL	nt and title if applicable. (NOTE: ID DIRECTORS	ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 12 NAME	adDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD LATCH, PAUL 11151 NW 36TH AVENUE	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	adDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD LATCH, PAUL 11151 NW 36TH AVENUE	ations of, Section 607.0505, Flori at and title if applicable. (NOTE: 1 ID DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	adDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CfTY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIRER OR DIRECTOR

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305 688 9190 Daytime Phone #

CR2F034 (11/98)