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

PROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	DIVISION OF C	CORPORATIONS		2	
DOCU 1. Corporal	MENT # L7589	2 (4)	£.;;			
MARKE	TPLACE 2000, INC.				. 1161 hidia 4161 hidis Albil Aidis	<b>2</b> ( <b>2 )</b>
						i
Principal Pinec of Business		<u> </u>	Mailing Address		NO. 910.1 BIGU 21801 97977 61971 1	110(1790)
MIAMI FL 331:	HORE DR., SUITE 1806 31	1001 S. BAYSHORE DR., S MIAMI FL 33131-4939	UIIE 1806			
				3. Date Incorporated or Qualifi	ed 3a. Date of Last R	opost
				05/25/1990	08/05/1996	eport
2. Principal l	Place of Business	2a. Mailing Address		4. FEI Number	<del></del>	plied For
21] Suite, Apt	H rote	26   Suite, Apt. #, etc.		65-0194401	60 7E	t Applicable
22	, e.c.,	27		5. Certificate of Status Desired	Fee fle	
City & Sta	1,6	City & State		6. Election Campaign Financin	g \$5.00	May Be
23	Country	28	Country	Trust Fund Contribution	Added t	
24	25	Ζ <sub>(</sub> ρ	30	This corporation has liability     Florida Statutes	for intangible tax under s	. 199.032,
	9. Name and Address of Cui			10. Name and Address of New		
	rk, Cynthia, Cohen		81 Name	CYNTHIA R.	COHEN	
	)1 S. Bayshore Dr. ITE 1806		82 Street A	Address (P.O. Box Number is Not Acce	ptable)	
	MI FL 33131		83			
1111	### 1 E 00 10 1		84 City	<u>,</u>	oc Zn	Code
					FLIT	
<ol> <li>Pursuan office or</li> </ol>	I to the provisions of Sections 607. registered agent, or both, in the S	0502 and 607.1508, Florida Statute tate of Florida, Such change was a	es, the above-named authorized by the corp	corporation submits this statement for to poration's board of directors. I hereby a	he purpose of changing it ccept the appointment as	s registered registered
agent 1	am familiar with, and accept the of	bligations of, Section 607.0505, Flo CYNTHIA	P. COHE	<b>53/</b>	1/27/97	,
SIGNATUH	Signature Typed or period thank of registeres		: Hegisterad Agent signature		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	RS IN 12
THILE NAME	D Turk, Cynthia, Cohen	☐ DELETE	1 1 TITLE	CYNTHIA R.	COHEN	ADUITION
- STREET ADDRESS	4004 C DAVCHORE DO		1.3 STREET ADDRESS	CYNINIA ICI	CD,,,C.,.	
City ST-ZiP	MIAMI FL 33131		1.4 CITY-ST-ZIP			
TOTAL		DELETE	21 TITLE		☐ Change	Addition
NAME			2.2 NAME		÷ 1	
STREET ADDRESS	;		2.3 STREET ADDRESS			
087 S1 785 7003		☐ DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		Change	Addition
NAM:			3 2 NAME			•
STRUET ADDRESS			3.3 STREET ADDRESS			
ÇHY-SI ZIP		Locicie	3.4. CITY - ST - ZIP		F 1 6	E 4 4 200
HILL MARKET		☐ DELETE	4.1 TITLE 4.2 NAME		L.] Change	Addition
NAME STREET ADORESS			4.3 STREET ADDRESS			
City SI-Zer			4.4 CITY-ST-ZIP			
III.F		DELETE	51 TITLE		☐ Change	Addition
NAM?			5.2 NAME			
STREET ADER: 55	i		5.3 STREET ADORESS			
C-1 y - ST - 7₽   100 f		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change	Addition
NAME		<u></u>	6.2 NAME			
STREET ADDRESS	; ]		6.3 STREET ADDRESS			

64 CHY-St-ZIP

14. I do 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 animal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that larm 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIREC

HEN 1/27/97 305-377-2
Date Date Phone - 0170000

Apr 07 1997 8:00am

Secretary of State