

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L87313

SOUTHW	EST FLORIDA MARKETING	, INU.			. '			
Principal Place	of Business	Mailing Addres	ss .			i ideliati adi idili inpaa ilibi ilaasi ili	1541 01011 21211 01	•11 =1=11 10=1
5805 BLUE LAG	· ·	5805 BLUE LAC	300N DRIVE					
#480 #480				-	DO NOT WRITE IN THIS SPACE			•
MIAMI FL 33126 MIAMI FL 33126						3. Date Incorporated or Qualifed		
						07/13/1990		
		A Mailine Ad	droop		 -	4. FEI Number	Apr	lied For
2. Principal Pla	ace of Business	2a. Mailing Ad	uless			65-0283794	- 	Applicable
21		26 Suite, Apt.	# etc				\$8.75 A	dditional
Suite, Apt. #, etc.		⊢ ¬ ``	<u> </u>			5_Certificate of Status Desired	Fee Rec	
22 -			City & State			6. Election Campaign Financing	\$5.00	May Be
City & State	3	28				Trust Fund Contribution	Added to	
23	Country	Zip		Country		8. This corporation owes the current year In	langible	
Zip	·	29	30	_ `		Personal Property Tax.	ŬYes	□No]
24	25 9. Name and Address of Curren			1		10. Name and Address of New Registered	Agent	
	9. Name and Address of Curren	t Registered Age.		81	Name			
LOPI	EZ, JORGE			-		ress (P.O. Box Number is Not Acceptable)	:	
	SW 98 PLACE			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
	WI FL 33174			83			33177-18	[1] y # # # # # # # # # # # # # # # # # #
tette.						12 T. Ada	1 (1 - 7) 1 - 5 2 1 - 1 1 - 1 7 7	3 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4
*	•			. 84	City	Fi	85 Zip C	ode
		0 1007.4500 FI	anida Ctintuton	the above	o named corr	poration submits this statement for the purpose or ion's board of directors. I hereby accept the appo	f changing its	registered
SIGNATURE	m familiar with, and accept the onligation is sufficiently stated agent the sufficient state of the su	nt and title if applicable.	77.0000, 1 101100	gistered Age	•	ed when reinstating) DATE		· .
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P	. L	DELETE	1.1 TITLE	. [□ cirange	
NAME	LOPEZ, JORGE			1.2 NAME	İ			
STREET ADDRESS	5805 BLUE LAGOON DR #480	1		1.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-5	T-ZIP		Change	Addition
TITLE	VP -	Ĺ	DELETE	2.1 TITLE			Change	C Addition
NAME .	GALIANA, MARGARITA			2.2 NAME		•		
STREET ADDRESS	5805 BLUE LAGOON DR #480)		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			2.4 CITY-	ST-ZIP			Addition
TITLE	27		DELETE	3.1 TITLE		•	Change	
NAME	Badding and the second			3.2 NAME				• • •
STREET ADDRESS				3.3 STREE	TADDRESS		4 18 10	
C/TY-ST-Z/P	# 11 \$ 1 ₂₂ 1			3.4. CITY-	ST-ZIP	The state of the s	- 1 V	Contraction of the Contraction o
TITLE	. 2		DELETE	4.1 TITLE			Change	Addition
NAME		,		4. 2 NAME	:			
STREET ADDRESS	l .		,	4.3 STREE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME			•	•
	, "	•		5.3 STREI	ET ADDRESS			
STREET ADDRESS				5.4 CITY-	ST-ZIP	- C. 1985		
CITY-ST-ZIP	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>] DELETE	6.1 TITLE			Сhange	☐ Addition
THE	1			1				

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 of 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 of 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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90025 010 ***150.00