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

DOCUMENT # **L89496**

1. Corporation Name

HEADLINES MEDIA CONSULTANTS, INC.

107 74									/ 	878), B586 (8 2)
Principal Place of Business Mailing Address									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4728 SW 67 AVENUE 4728 SW 67 AVENUE										
J 2			J 2				Bo wat was	:		
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 07/17/1990			
2. Principal I	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	oplied For
21			6				65-0211753		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	$\overline{}$	\$8.75	Additional
22			,				5. Certificate of Status Desired	- LJ	Fee Re	equired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t	to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible			
25 25			30				Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Currer		ered Agent				10. Name and Address of New R	egistered	Agent	
CUI	DC MMAN	*			81	Name				
GUDE, VIVIAN				}	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
4728 SW 67 AVENUE				}						e a stage of
J 2		*		Ī	83			100		N 25 Ex
MIA	MI FL 33155				84	Cit.		- : '. `	 	3 (1 3 (1) (1) (1) 0-24
2000 C 2 6 0	and the second				84	City		·FL	85 Zip 0	Code
11. Pursuant	t to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statu	ites, the ab	ove	e-named corpo	ration submits this statement for the	purpose of	changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida	i. Such change was	authorized	by t	the corporation	n's board of directors. I hereby accep	t the appoi	ntment as re	gistered
		iuons oi, v	Section 007.0303, Fi	onua Statu	163.	•]
SIGNATURE	Signature, typed or printed name of registered age	nt and title if a	applicable. (NOT	E: Registered /	\gent	t signature required	when reinstating)	DATE		
12.	OFFICERS AN			13.	<u> </u>		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITI	E		No. of the second		Change	Addition
NAME	GUDE, VIVIAN			1.2 NA	ИE		·			
STREET ADDRESS	AZOO C W. OZ AVENIJE JO			13 STS	REFT	ADDRESS				
CITY+ST-ZIP	MIAMI FL 33155			1.4 CIT						
TITLE			☐ DELETE	2.1 TITI			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				2.2 NA		ľ				_
STREET ADDRESS						ADDRESS				
				2.74 CIT			- 3	<u></u>		
TITLE		•	☐ DELETE	3.1 TITL		1-24		,	Change	Addition
NAME (Mysters .	1 12		3.2 NA						
STREET ADDRESS	核震烈。	\$. · · · · · ·				ADDRESS				j
	,						, , , , , , , , , , , , , , , , , , ,			
CITY-ST-ZiP	1 2 - 475 - No. 3 7 7 1 - 1 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		☐ DELETE	3.4. CIT		1-212			Change	☐ Addition
TITLE	[<i>V</i> CLL1C	4.1 TITL					TI OURINGS	
NAME		٠.	•	4. 2 NA						
STREET ADDRESS	1	` ,				ADDRESS				
CITY-ST-ZIP			[] BCI ETC	4.4 CIT		-ZIP				□ Addes
TITLE			☐ DELETE	5.1 TITL					☐ Change	☐ Addition
NAME				5.2 NAA						
STREET ADDRESS	ka ka					ADDRESS				
CITY-ST-ZIP				5.4 CIT		-ZIP				
TITLE	177 THE STATE OF T		☐ DELETE	6.1 TITL					Change	☐ Addition
NAME	Bara en			6.2 NAM	Æ					
STREET ADORESS	} #45% ₹			63576	EET	ADDRESS				

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 changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90054 003 ***150.00

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