SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96556

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JULE M/	ARKETING INTERNATIO	NAL, INC.							
Principal Place of Business Mailing Address						E JORDINALI ALIA YANDA MILA AKIRI AKINA AK	H BIBIL BIBU BI	TIL BYBYL BIRKI BIRKI 1881	
% MARTHA LEV 7580 REGENCY BOCA RATON	LAKE DR #E202	% MARTHA LEVINE 7580 REGENCY LAKE DR #E202 BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	3a. Date	of Last Report	
						08/29/1990	04/2	9/1996	
2. Principal Place of Business		2a. Mailing Address					Applied For		
21		26			65-0263286		Not Applicable		
Sulte, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & Sta	ate			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	7ıp	Zip Country			8. This corporation owes or has pa Personal Property Tax due June			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BERKELL-RAFFERTY, FRAN				81	Name				
16100 NE 16 AVE N MIAMI BEACH FL 33162				82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
	-			83					
				84	City		FL	85 Zip Code	
11. Pursuant to	the provisions of Sections 607.	.0502 and 607.1508, F	lorida Statutes, the	above	e-named corp	poration submits this statement for the p	urpose of ch	nanging 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE 600002257126---08/04/97--01160--024 LEVINE, MARTHA NAME 1.2 NAME 7580 RGENCY LAKE DR E202 STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-S1-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 31 TITLE ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 51 TITLE ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2(P DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-S1-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 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.

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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