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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # M21993**

Principal Place of Business

CHTY-ST-7IP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(4)

Mailing Address

MARGO BERMAN CREATIVE SERVICES, INC.

9909 N.E. 163RD STREET, SUITE #301 3909 N.E. 163RD STREET, SUITE #301 N. MIAMI BCH FL 33160-4126 N. MIAMI BCH FL 33160 3a. Date of Last Report 3. Date Incorporated or Qualified 10/16/1985 02/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3741 NE 163 STYCET 3351 NE 164 STreeT 59-2592727 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired + 112 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be N. miami Beach N. MIRMI BEACH, FC 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes 33160 USA US A 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN, MARGO 3909 N.E. 163RD STREET, SUITE #301 82 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BCH FL 33160 3351 NEILY STREET 83 City N. Miani Zip Code 33/60 Beach 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 lamiliar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE tNOTE Registered Agent signature required when reinstating) Styreature: typical or paint air neae of registerest agent and this at applicabile DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition HILE Berman, Margo NAME 1.2 NAME 3351 NEILY STreeT 3909 NE 163RD ST #301 STREET ADDRESS 1.3 STREET ADDRESS Nimiami Beach 1 KL 33160 N. MIAMI BCH FL 1.4 CITY - ST - ZIP CITY - \$1 - 7/P Change Addition THLE ST DELETE 21 TITLE BERMAN, MARGO 2.2 NAME NAME 3909 NE 163RD ST #301 3351 NEILL STICET 2.3 STREET ADDRESS STREET ADDRESS N. miami Beach, FL 33/60 L7814394 2 4 CITY - ST- ZIP CITY-ST-ZIP DELETE 3 1 TITLE THE 3.2 NAME NAME STHEET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY - ST - ZIP CITY - \$1 - 715 TIT.F DELETE 41 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+ST-ZIP CHY-\$1-26 DELETE 5 1 TITLE Change Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 71P 5.4 CITY - ST-ZIP DELETE 6 1 TITLE Change Addition TITLE NAME 62 NAME STREET ADDRESS. 63 STREET ADDRESS

Margo
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 4 CITY-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 armula 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