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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M21993

1. Corporation Name

MARGO BERMAN CREATIVE SERVICES, INC.

Principal Place	of Business	Mailing Address	Mailing Address			(E (E ((((((
3351 NE 164TH STREET 3741 NE 163RD STR										
N. MIAMI BCH (FL 33160	#112	#112			DO NOT WRITE IN THIS SPACE				
US			N, MIAMI BCH FL 33160			3. Date Incorporated or Qualified				
		US	03			_ · · · · · · · · · · · · · · · · · ·				
	T. D. L.	On Marillan Address				10/16/1985 4. FEI Number	1	Appl	ied For	
⊢ −, '	ace of Business	2a. Mailing Address					Not Applicable			
21 Suite Act	# oto	26 Suite Ant # etc	Suite, Apt. #, etc.			59-2592727	\$8.75 Additional			
Suite, Apt. :	#, etc	<u> </u>	27			5 Certificate of Status Desired	Certificate of Status Desired Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23		├ ─ '	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip				8. This corporation owes the current year In:	angible	-		
24	25 29 30					Personal Property Tax.	Yes	[□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
				31	Name					
	MAN, MARGO		82 Street A			ress (P.O. Box Number is Not Acceptable)				
1	NE 164TH STREET		102			(.c. Box (tallion is the state)	***			
N. M	IAMI BCH FL 33160		8	33	-					
				34	City		85	Zip Co	nde .	
1					•	FL	.			
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist				gent s	signature requir	ed when reinstating) DATE	ID DIDE	OTOF	C IN 12	
12.	118.07	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			Addition	
TITLE	DP	☐ DELETE	1.1 TITLE					iigu	C. Madiusii	
NAME	BERMAN, MARGO		1.2 NAME							
STREET ADDRESS	3351 NE 164TH STREET		1		ADDRESS					
CITY-ST-ZIP	N. MIAMI BCH FL	☐ DELET E	1.4 CITY-		ZIP		Chai	nge	Addition	
TITLE	ST MAN MARCO	[] DELETE	2.1 TITLE				L., 0,,6.			
NAME	BERMAN, MARGO		2.2 NAME			•				
STREET ADDRESS	3351 NE 164TH STREET		2.3 STREE							
CITY-ST-ZIP	N MIAMI BEACH FL	MIAMI BEACH FL			-ZIP	<u> </u>	Cha	nge	Addition	
TITLE		المال	3.1 TITLE				_	•		
NAME			3.2 NAME		ADDDESS					
STREET ADDRESS	•		3.3 STREET							
CITY-ST-ZIP			3.4. CIT		-211"		☐ Cha	nge	☐ Addition	
NAME			4. 2 NAN		ŀ			-	_	
}			4.3 STREE		ADDRESS					
STREET ADDRESS					į					
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE		-21	V+***	☐ Cha	пде	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STR	EETA	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP						
TITLE	·			6.1 TITLE			☐ Cha	nge	Addition	
NAME	i	• ***	6.2 NAM	ΚE						
STREET ADDRESS			6.3 STR	EETA	ADDRESS					
JINEEL ADDRESS			0.4 OF	, ot						

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.

JR MAZAGO IBEVIMAN NAME OF SIGNING OFFICER OR DIRECTOR