

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M38299 1. Corporation Name

EFFECTIVE MARKETING SERVICES, INC.

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Principal Place	e of Business	Ma	ailing Address	_				-			
C/O ALBERTO CRUZ			C/O ALBERTO CRUZ								
1705 S.W. 101ST AVE.			1705 S.W. 101ST AVE.					DO NOT WE	OTE 16) THE	C CDACE	
MIAMI FL 33165 MIAMI FL 33165								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
								09/12/1986			}
2 Principal Pl	lace of Business	2a	Mailing Address					4. FEI Number		Ap	plied For
	iace of Dusilless	26	Maining Addition					59-2791182			t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.							\$8.75 A	
22	,,, 5.5.	27					_	5. Certificate of Status Desired		Fee Re	quired
City & State	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added to	
Zip	Country		Zip	Col	untry	'		8. This corporation owes the cu	rrent year l		
24	25	29		30				Personal Property Tax.			□No
	9. Name and Addres	ss of Current Regis	tered Agent		ļ.,	r		10. Name and Address of New	Registere	d Agent	
0011	17 1105070				81	Nai	ne				
	IZ, ALBERTO				82	Stre	et Addre	ss (P.O. Box Number is Not Accep	table)		
1705 S.W. 101ST AVE.											
MAIM	MI FL 33165				83						
					84	City			F	85 Zip C	Code
•					Ш	1		1		_ 1 1	registered
office or re	enictored agent or both	in the State of Florid	da. Such change was a	authonze	d bv	the c	ea corpo orporation	ration submits this statement for the a's board of directors. I hereby acco	e purpose o ept the app	ointment as re	gistered
agent. I ai	m familiar with, and acce	pt the obligations of	, Section 607.0505, Flo	orida Sta	tutes						
CICKIATURE											I
SIGNATURE									DATE		
	Signature, typed or printed name					nt signat	ure required	when reinstating)	DATE FEICERS A	ND DIRECTO	
12.	OI	of registered agent and title FFICERS AND DIRE	CTORS	13.		nt signat	are required	when reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	PRS IN 12
12. TITLE	PTC			13.	TILE	nt signat	ure required				
12. TITLE NAME	PTC CRUZ, ALBERTO	FFICERS AND DIRE	CTORS	13. 1.1 T 1.2 N	TTLE IAME						
12. TITLE NAME STREET ADDRESS	PTC CRUZ, ALBERTO 1705 S.W. 101ST A	FFICERS AND DIRE	CTORS	13. 1.1 T 1.2 N 1.3 S	TTLE NAME STREET	T ADDR					
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90219 043 ***150.00