SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

CORAL GABLES, FL

DADE

81 Name

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1000	<u> </u>
DOCUMENT # 1. Corporation Name	M56966

INTERNATIONAL MARKETING & ADVERTISING INC.

MIANI-DADE 29

9. Name and Address of Current Registered Agent

Principal Place of Business 250 CATALONIA AVENUE SHITE 507 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

149 BENTL

GALOPPI. ROBERTO

SUITE 507

250 CATALONIA AVENUE

CORAL GABLES FL 33134

Mailing Address

250 CATALONIA AVENUE SUITE 507

CORAL GABLES FL 33134

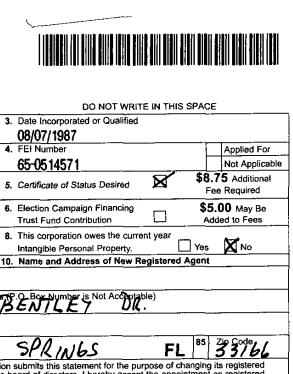
Po Box

Suite, Apt. #, etc.

2a. Mailing Address

FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90008 006 ***558.75



ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the object of section 607.0505, Florida Statutes. office or registered age agent. I am familiar with SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable Signature, typ (2/66)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1.1 TITLE TIT! F SD DELETE 1.2 NAME CIBA, ANDREA R NAME BENTLEY DR. 1.3 STREET ADDRESS STREET ADDRESS 250 CATALONIA AVE. CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 TITLE TITLE PD DELETE GALOPPI, ROBERTO 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 250 CATALONIA AVE 33166 CORAL GABLES FL 33134 CITY-ST-ZIF 2.4 CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE ___ Change ___ Addition DELETE TIT! F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

s filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information using port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ver by thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears 14. I hereby certify that the information supplied with an officer or director of the corporation or he re in Block 12 or Block 13 if changed, or on an atta an address.

SIGNATURE:

CITY-ST-ZIP

305-446-1303

3R2E034

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