

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90107 045 \*\*\*150.00

DOCUMENT # P000000 79741

1. Entity Name

MARIFER ADVERTISING INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

16118 NW 21 St

Suite, Apt. #, etc.

3. Mailing Address

16118 NW 21 street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

A0062356

City &amp; State

Pembroke Pines FL

City &amp; State

Pembroke Pines FL

4. FEI Number

651034928

Applied For

Not Applicable

Zip

33028 BROWARD

Zip

33028 BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN CARLOS MENDEZ  
 16118 N.W. 21 Street  
 Pembroke Pines FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and any 7 applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW  
FEB 18 20019. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | PRESIDENT                | <input type="checkbox"/> Delete |
| NAME            | JUAN CARLOS MENDEZ       |                                 |
| STREET ADDRESS  | 16118 N.W. 21 Street     |                                 |
| CITY - ST - ZIP | Pembroke Pines, FL 33028 |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |  |                                                                   |
|-----------------|--|-------------------------------------------------------------------|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |                                                                   |
| STREET ADDRESS  |  |                                                                   |
| CITY - ST - ZIP |  |                                                                   |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

(954) 392-8692

Daytime Phone