## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 1997



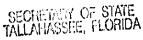
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000003995 (6) FILED

97 JUL 31 PM 4: 11





MIAMI MARKETING ASSOCIATES, INC.					
,				1 100 1100	
Principal Place		Mailing Address			
1783 NW 79 AVE 1783 NW 79 AVE MIAMI FL 33126 MIAMI FL 33126					
MUNMETE 331	20	MIAMI FL 33126		DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/19/1993	04/24/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0391869	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	W"	27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	<del>-</del>	8. This corporation owes or has pa	— · — · I
24	9. Name and Address of Curre		30	Personal Property Tax due June  10. Name and Address of New Re	
00	<del></del>		81 Name		
CODER CURPURATE AGENTS, INC					
2801 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133			82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
IMITA	uni fe 33133		83		
			<b>84</b> City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	es, the above-named corp	oration submits this statement for the pon's board of directors. I hereby acce	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was a	uthorized by the corporati	on's board of directors. I hereby acce	pt the appointment as registered
_	in raminal with, and accept the oblig	gations of, occitor our toods, i to	nda dialdios.		į
SIGNATURE	Signature, typed or printed name of registered as	gent and tale if applicable (NOTE	Registered Agent signature require	ed when reinstaling)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SANZARE, RICHARD		1.2 NAME		
STREET ADDRESS	2862 NW 79TH AVE		1.3 STREET ADDRESS		·
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE	400002	Change Addition
NAME			22 NAME	-08/05	79701007026
STREET ADDRESS			2.3 STREET ADDRESS	*****1	65.00 ***165.00
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		L Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	_	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	<i>\(\frac{\gamma}{\gamma}\)</i>	☐ Change ☐ Addition
TITLE			4.1 TITLE	V V	Change C Addition
NAME			4. 2 NAME		4
STREET ADDRESS			4.3 STREET ADDRESS	(-)	a'/ I
CITY-ST-ZIP	<del></del>	DELETE	4.4 CiTY-S1-ZIP	8-4-	Change Addition
TITLE		C Decere	5.1 TITLE	<b>%</b>	E overlåe E vaguant
NAME OTDEET ANNUECO			5.2 NAME	~	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		- OFFICE	6.2 NAME		Change Carrotten
STREET ADDRESS			6.3 STREET ADDRESS		İ
OUTV OF THE			0.3 STREET ADDRESS		

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 annual report or supplemental appropriate 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 conjunction of the receiver or tusted 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, you an attachment with an address.

## Leon Egozi, P.A.

## Certified Public Accountant

D.

19495 Biscayne Boulevard, Suite 705 Aventura, Florida 33180

Phone: (305) 937-2664 Fax: (305) 937-0128

July 21, 1997

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: Miami Marketing, Inc.

EIN: 65-0391869

On behalf of the above referenced taxpayer, I am responding to the notice (copy attached) requesting the filing of the corporation annual report for 1997. This annual report had been completed and mailed in a timely manner. It seems as though it has been lost in the mail, therefore we are filing this second copy along with a replacement check for the original filing cost of \$165.

Please process the report and adjust your records accordingly. If you have any questions, I can be reached at 305-937-2664.

Very truly yours.

Leon Egozi, C.P.A

Enclosures

ce:\ Richard Sanzare