FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000003995 (6)

FILED Apr 01 1998 8:00am Secretary of State

MIAM	I MARKETING ASSOCIATE	:S, INC.				
Principal Place of Business Mailing Address					{	ila Beiba filia 18618 18181 #111 1881
1783 NW 79 AVE 1783 NW 79 AVE						
MIAMI FL 33126 MIAMI FL 33126						
					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					01/19/1993 4. FEI Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1ace of Business	<u> </u>	2a. Malling Address			Applied For
21 Suite, Apt	# etc		Suite, Apt. #, etc.		65-0391869	Not Applicable \$8.75 Additional
22	π, gic.	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			64 N	10. Name and Address of New Register	ed Agent
COBER CORPORATE AGENTS, INC				81 Name		
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Į W	AIAMI FL 33133			83		
				55		
				84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes						
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.						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typod or punted name of registered a	gent and the Papplicable	(NO1E Registered	Agent signatura requi	red when reinstating) DATI	Ē
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DEL	ETE 1.1 Tr	LF		Change Addition
NAME	SANZARE, RICHARD		1.2 NA	ME		
STREET ADDRESS	2862 NW 79TH AVE		1.3 ST	reet address		
CITY-ST-ZIP	MIAMI FL 33122			IY-SI-ZIP		
TITLE		☐ DEL	ETE 2.1 Tr	LE		Change Addition
NAME			2.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DEL		TY-ST-ZIP		Change Addition
TITLE		L⊒ I/CI	3.1 HV			
NAME Street address				reet address		
1				TY-ST-ZIP		İ
CITY+ST-ZIP TITLE		DEL				☐ Change ☐ Addition
NAME			4. 2 N			"
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DEL				Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	reet address		
CITY-ST-ZIP				TY - ST - ZIP		
TITLE		☐ DEL	ETE 6.1 TIT	'LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	reet address		
CITY-ST-ZIP			6.4 CI	IY-ST-ZIP	0 440 07/0V/2 51 OLD 444 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 changes, or on an address.

3-26-98 (305)477-4888