## K2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90086 005 \*\*\*150.00

| DOCUMENT #       | P93000020238  |
|------------------|---------------|
| Corporation Name | 1 00000020200 |

CENTRAL INTERNATIONAL MARKETING, INC.

| Principal Place   | e of Business   | Maili                             | ing Address                                    |   |   |              |  | en observativní mastra | EBIN ABIN ABIN | HIBAL OBILO HUUB            | 111 <b>8</b> 3 1011 1001            |
|---|---|-----------------------------------|--|---|---|--------------|--|------------------------|----------------|-----------------------------|-------------------------------------|
| 3191 CORAL W  |   |                                   | CORAL WAY                                      |   |   |              |  |                        |                |                             |                                     |
| SUITE 624   | A I   |                                   | E 624  |   |   |              |  | 50 NOT 11/5            | NE ALTINO      |                             |                                     |
| MIAMI FL 33145 MIAMI FL 33145   |   |                                   |  |   |   | ,            | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed |                        |                |                             |                                     |
| US  |   | US                                |  |   |   |              | • •  |                        | 0              |                             | 1                                   |
|   |   | 120 1                             | 4-10 A ddu                                     | <del></del>   |   |              | 03/17/1993<br>4. FEI Number                                  | 3                      |                |                             | plied For                           |
| _   | lace of Business  |                                   | Mailing Address                                |   |   |              | 65-040848  | · ·                    | •              | h                           | t Applicable                        |
| 21  | # ***   | 26                                | Suite, Apt. #, etc.                            |   |   |              | 007040040  | <u>U</u>               |                | \$8.75 A                    |                                     |
| Suite, Apt.   | #, BIC.   | 27                                | Julie, Apr. #, etc.                            |   |   |              | 5. Certificate of S  | Status Desired         | Ω.             | ·                           | quired                              |
| City & State  | e   |                                   | City & State                                   |   |   |              | 6. Election Cam  |                        | 1 _            | \$5.00                      | May Be                              |
| 23  |   | 28                                | J., J. 2.2                                     |   |   |              | Trust Fund Co  |                        | ' D            | Added to                    | • 1                                 |
| Zip   | Country   | <del></del> -                     | Zip  | Country   | ,   |              | 8. This corporati  |                        | rrent year in  | tangible                    |                                     |
| 24  | 25  | 29                                |  | 30  |   |              | Personal Prop  |                        |                |                             | □No                                 |
|   | 9. Name and Address of Curr   |                                   |  |   |   |              | 10. Name and A   | ddress of New          | Registered     | Agent                       |                                     |
|   |   |                                   |  | 81  | Name  | e            |  |                        |                |                             |                                     |
| SIDL  | OSCA, RANDALL L ESQ   |                                   |  | 82  | Street  | t Addres     | ss (P.O. Box Numb  | er is Not Accer        | ntable)        |                             |                                     |
| 1101  | BRICKELL AVENUE   |                                   |  | 02  | Sueer   | i Audico     | 55 (F.O. DOX 110111D   | et is tadi veceb       | , table)       |                             |                                     |
| - +   | E 902   |                                   |  | 83  |   |              |  |                        |                |                             |                                     |
| MIAN  | M FL 33131  |                                   |  | 0.4   | 015   |              |  |                        |                | 85 Zip C                    | `ode                                |
| ·   |   |                                   |  | 84  | City  |              |  |                        | FL             | _  83  Zip C                | ,oue                                |
| 11. Pursuant  | to the provisions of Sections 607.0   | 502 and 607                       | 7.1508, Florida Statute                        | s, the abov   | e-named   | d corpor     | ation submits this   | statement for th       | e purpose of   | changing its                | registered                          |
| office or re  | egistered agent, or both, in the Sta<br>m familiar with, and accept the obli                      | ite of Florida.<br>loations of, S | . Such change was au<br>Section 607.0505. Flor | ithorized by<br>ida Statutes  | the corp<br>3.  | poration     | 's board of director   | s. I nereby aco        | ept the appo   | intiment as rej             | gistered                            |
| )   | m tanimar man, and accept and and   | .g                                |  |   |   |              |  |                        |                |                             | }                                   |
| SIGNATURE   |   |                                   |  |   |   |              |  |                        |                |                             |                                     |
|   | Signature, typed or printed name of registered a  | igent and title if a              | pplicable (NOTE:                               | Registered Agei   | nt signature  | required w   | when reinstating)  |                        | DATE           |                             |                                     |
| 12.   | Signature, typed or printed name of registered a OFFICERS A                                       |                                   | TORS   | Registered Agei   | nt signature  | required w   | rhen reinstating) ADDITIONS/CI                               | HANGES TO O            |                |                             |                                     |
|   |   |                                   |  |   | nt signature  | required w   |  | HANGES TO O            |                | ND DIRECTO                  | RS IN 12                            |
| 12.   | P<br>ZALBA, JOSE A  | AND DIREC                         | TORS   | 13.   | nt signature  | a required w |  | HANGES TO O            |                |                             |                                     |
| 12.<br>TITLE  | OFFICERS A  | AND DIREC                         | TORS   | 13.<br>1.1 TITLE<br>1.2 NAME  | nt signature  |              |  | HANGES TO O            |                |                             |                                     |
| 12.<br>TITLE<br>NAME  | P<br>ZALBA, JOSE A  | AND DIREC                         | TORS   | 13.<br>1.1 TITLE<br>1.2 NAME  | T ADDRESS   |              |  | HANGES TO O            |                | ☐ Change                    | ☐ Addition                          |
| 12. TITLE NAME STREET ADDRESS   | P<br>ZALBA, JOSE A<br>1101 BRICKELL AVENUE, SL  | AND DIREC                         | TORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE   | T ADDRESS   |              |  | HANGES TO O            |                |                             |                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>ZALBA, JOSE A<br>1101 BRICKELL AVENUE, SL<br>MIAMI FL 33131                                  | AND DIREC                         | TORS   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S   | T ADDRESS   |              |  | HANGES TO O            |                | ☐ Change                    | ☐ Addition                          |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | P ZALBA, JOSE A 1101 BRICKELL AVENUE, SL MIAMI FL 33131 VST                                       | AND DIREC                         | TORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME  | T ADDRESS   | s            |  | HANGES TO O            |                | ☐ Change                    | ☐ Addition                          |
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 305 66/04/E