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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information supplinformation indicated on this annual people I am an officer or director of the corporation appears in Block 12 or Block 13 if changed.

SIGNATURE AND TYPE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

A CROSCRAF CON CRICIC MONTE MOLLE MULTE MARIE ARCHI ARCHI CALCA ACCEN ARCHI CALL CALL

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400009309 (3)

NORTH AMERICA DYNAMIC MARKETING, INC.

											
Principal Place of Business Mailing Address								r 1886(1881 file seint Stein estit benit benit estit betie files files beit			
8408 N.W. 66 STREET PO BOX 650097 MIAMI FL 33168 MIAMI FL 33265-0097 US											
								3. Date Incorporated or Qualified 02/04/1994	3a. Date of I 04/23/19		aport
2. Principal F	Place of Business	AND LIFTER STATE SLAME, A CHIMAN PRICE.		Mailing Address				4. FEI Number		Αp	plied For
21			26					65-0466018			t Applicable
Suite, Apl. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & Sta	te.		<u>-</u>	City & State			"" 	6. Election Campaign Financing			May Be
23 Zip		Country	28	Zip	T C	untry		Trust Fund Contribution	:		to Fees
24	25	Codinity	29	z.p	30	<u>.</u>	•	8. This corporation has liability for in Florida Statutes	ntangible tax en	юег в.	199.032,
24		Address of Curre		ered Agent	[30]	T		10. Name and Address of New Re	<u> </u>		
FΩ	OK, GLENN LEE					81	Name				***************************************
8408 N.W. 66 STREET							Otro at A dala	Annual (D.O. Dan N. John J. Nat Janaan Jala)			
MIAMI FL 33166				82			Street Addi	ess (P.O. Box Number is Not Acceptab	16)		
1710	Will I C 00100					83		****			
						84	City		E1 85	Zip (Code
11 Pursuant	to the provisions	of Sections 607 05	02 and 60	17 1508 Florida Stat	utes the	abov.	e-named corn	oration submits this statement for the p	urnose of chan	oina it	s registered
office or agent. I a	registered agent, am familiar with, ar	or both, in the Stat	le of Florid gations of	la. Such change was , Section 607.0505, I	s authoriza Florida Sta	ed by	the corporati	ion's board of directors. I hereby accep	t the appointme	ent as	registered
SIGNATURE											
SIGNATURE	Sagnar wit typeld or prin	red name of registered a	gent and litle	r'applicable (NC	DTE: Register	ed Age	int signature requir	ad when rainstating)	DATE		
12.	. 4	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	····		
1111.6	PD			DELETE	1.1	TITLE			L.J CI	lange	Addition
NAME	FOOK, GLEN				1.2	NAME					
STREET ADDRESS					1.3	STREET	ADDRESS				
CITY - S1 - ZIP	MIAMI FL 33	166			1.41	CITY-S	T-ZIP				
TITLE	STD			DELETE	2.1	TITLE			LJ CI	ange	Addition
NAME	SMITH, SAND				2.2	NAME					
STREET ADDRESS					2.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33	166				CITY-	ST-ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE	D			[] DELETE		TITLE			L.J CI	ange	Addition
NAME	WALKER, AN				3.21	NAME					
STREET ADDRESS					3.3	STREET	ADDRESS				
CITY - ST - ZiP	MIAMI FL 33	166				CITY-S	ST-ZIP				
TITLE				☐ DELETE		TITLE				nange	☐ Addition
NAM?						NAME					
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP	 			Inciere		CITY-S	T-ZIP				A alateta
TITLE				☐ DELETE		TITLE			L CI	RINGE	Addition
NAME						NAME					
STREET ADDRESS							ADDRESS				
CITY+ST-20P					********	CITY-S	T-ZIP				A addition
TITLE				DELETE		TITLE			LJ CI	RUÕG	Addition
NAME						NAME					
STREET ADDRESS		_			6.3	STREET	ADDRESS				

pried with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that no rihe received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name