FILED

Apr 28, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011227

1. Corporation Name

Principal Place of Business

CLASSIC MARKETING & PROMOTIONS, INC .--

P & R MARKETING ADVERTISING PROMOTIONS, INC.

Mailing Address

| 11280 S.W. 120 MIAMI FL 3(1176 US | | 11280 S.W. 120TH STREET MIAMI FL 33176 US | | | | 3 | DO NOT WRITE IN THIS SPACE 3. Date I corporated or Qualifed | | | | | | | |
|--|---|---|--------------------|--------------------|-------------|--------------------------------------|--|--------------------|---------------|-----------|---------|------------|------------|--|
| | | | | | | | 02/1 | 0/1994 | | | | | l | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | , FEI N | | | | | App | lied For | |
| 21 | | 26 | | | | 65-0 | 466552 | | | | Not | Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Codif | icate of Status Do | sired [| ٦ | \$8.7 | 75 A: | ditional | | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | | | e Req | uired | | |
| City & Etate | 9 | City & State | City & State | | |) 6 | 6. Election Campaign Financing \$5. | | | | | .00 a | /lay Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fee | | | | | | Fees | | |
| Zip | Country | Zip | _ · _ | | | 8 | This corporation owes the current ye | | | | | | | |
| 24 | 25 | 29 30 | | | | | Personal Property Tax. 10. Name and Address of New Registers d Ag | | | | | | No | |
| | 9. Name and Address of Curren | Registered Agent | | 81 | Nam | |). Nam | e and Address o | T New Kegi | Stert G A | gent | | | |
| NAVA | ARRETE, PAULA A | | | 0' | Nam | ie | | | _ | | | | | |
| 11280 S.W. 120TH STREET | | | | | Stree | et Address (| P.O. Bo | Number is Not | Acceptable |) | | | | |
| MIAMI FL 33176 | | | | 83 | | | | | | | | | | |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 03 | ĺ | | | | | | | | | |
| | | | | 84 | City | | | | | FI | 85 | Zip C: | ode | |
| | to the provisions of Sections 607.050. | | the the | | | ad as reportis | on oubn | si e this statemen | t for the pur | | hangin | na ite r | enistered | |
| l office cr re | egistered agent, or both, in the State | cf Florida. Such change was | -authorize | d by | the co | rporation's t | ooard of | directors. I herel | by accept th | e aproint | tment a | as reg | istered | |
| agent. I ar | n familiar with, and accept the obliga | tions of, Section 607.0505, F | lorida Sta | utes. | | | | | | | | | | |
| SIGNATUFE | Signature, typed or printed name of registered ager | A + t-t (NC | T =: Pasistera | d Acco | ıt eignətu | ire required when | rometatin | <u></u> | | DATE | | | \ | |
| 12. | | DIRECTORS | 13. | u ngen | · signatu | ne required which | | ONS/CHANGES | | |) DIRE | CTO | 2S IN 12 | |
| TITLE | DPST | ☐ DELETE | 1.1 T | TLE | | | 710011 | <u> </u> | 70 01770 | | Cha | | Addition | |
| NAME | | | 12 NAME | | | | | | | | | | | |
| STREET ADDRESS | 11280 S.W. 120TH STREET | | | 1.3 STREET ADDRESS | | ss | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | | 14 CITY-ST-ZIP | | | | | | | | | | |
| TITLE | 777 THE WATER CO. 170 | | | 2.1 TITLE | | | | | | | ☐ Cha | inge | Addition | |
| NAME | | | 2.2 N | 2.2 NAME | | | | | | | | | | |
| STREET ADDRE 3S | | | 2.3 STREET ADDRESS | | ss | | | | | | | | | |
| CITY-ST-ZIP | \ | | 1 | 2.4 CITY-ST-ZIP | | | | | | | | | | |
| TITLE | | | | 3 1 TITLE | | | | | | | ☐ Cha | ange | Addition | |
| NAME | | | 3.2 N | AME | | | | | | | | | | |
| STREET ADDRESS | | | 3.3 STREE | | ADDRES | ss | | | | | | | | |
| CITY-ST-ZIP | | | 34.0 | CITY-S | T-ZIP | | | | | | | | | |
| TITLE | | ☐ DELETE | 4 1 TITLE | | | | | | | | ☐ Cha | ange | ☐ Addition | |
| NAME | | | 4.21 | NAME | | | | | | | | | į | |
| STREET ADDRE IS | | | 438 | TREET | ADDRES | ss | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 0 | TY-S | T-ZIP | | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 7 | | | | | | | | ☐ Cha | ange | Addition | |
| NAME | | | 5.2 NAME | | | | | | | | | | | |

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 attach nent with an address, with a little empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ICEL OR DIRECTOR

DELETE

Daytime Phone #

Date

Change

☐ Addition