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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047766 (8)

MARKETING GROUP OF AMERICA, INC.

Principal Prace of Business Mailing Address 4041 SW 5 TERR 4041 SW 5 TERR MIAMI FL 33134-2052 MIAMI FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1994 06/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0531862 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENENDEZ, MAYDA A 4041 SW 5 TERRACE 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 84 85 Zip Code 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 land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or picule finance of regestered agent and beent applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTS DELETE TITLE 1.1 TITLE Change Addition | MENENDEZ, MAYDA A. NAME 1.2 NAME 4041 SW 5 TERRACE STREET AS DRESS 1.3 STREET ADDRESS MIAMI FL Cilir-ST-2il-1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-St-ZIP 2 4 CITY-ST-ZIP DELETE TOTE 3.1 TITLE Change Addition MASSI 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City St. ZIP 34. CITY-ST-ZIP TOTE DELETE 41 TILLE Change Addition NAV: 4. 2 NAME STREET ADDRESS 4.3 STREET AODRESS C(17 - S1 - 7)P 4.4 CITY - ST - 7/P THE DELETE 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-S1-769 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS OTY - ST - 76 6.4 CITY - ST - ZIP

14. If do hereby ccrify that the information supplied with this fring 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 1 or Block

305-441-0844

(96/6)

FILED

Mar 19 1997 8:00am

Secretary of State