

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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96 APR 24 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056471 (3)

1. Corporation Name

MARKETING PARTNERS U.S.A., INC.

Principal Place of Business

1800 SE 17TH ST
FT LAUDERDALE FL 33316

Mailing Address

1800 SE 17TH ST
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0513188

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JANIE L
1600 SE 17TH ST
FT LAUDERDALE FL 33316

81 Name

SUSAN GANOFF

82 Street Address (P.O. Box Number is Not Acceptable)

1600 S.E. 17th Street #410

83

84 City

Fort Lauderdale

FL

85 Zip Code

33316

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.

SIGNATURE

Susan Ganoff

SUSAN GANOFF

4-23-96

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SMITH, PAOLA D
STREET ADDRESS 2660 CASTILLA ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE D. V.P. ☒ Change ☐ Addition
1.2 NAME SMITH, PAOLA D.
1.3 STREET ADDRESS 2660 Castilla Isle
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE D ☐ DELETE
NAME PINNA, MARCO M
STREET ADDRESS 2660 CASTILLA ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33301

2.1 TITLE D. P. ☒ Change ☐ Addition
2.2 NAME PINNA, MARCO M.
2.3 STREET ADDRESS 2660 Castilla Isle
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D. S.
3.2 NAME WEINER, EDWARD
3.3 STREET ADDRESS One Fisher Island Drive, Unit 4712
3.4 CITY-ST-ZIP Fisher Island, FL 33109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 700001793097

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP -04/24/96-01075-801
****208.75 ****208.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO PINNA

4/23/96

XXXXXX

954

208-7638199

Date

Daytime Phone

CR2E034 (12/95)