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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000076143 (4)

1. Corporation Name  
MMEDIA RESEARCH CORP.



Principal Place of Business  
1250 E HALLANDALE BEACH BLVD  
1008  
HALLANDALE FL 33009  
US

Mailing Address  
1250 E HALLANDALE BEACH BLVD  
1008  
HALLANDALE FL 33009  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0527280

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

25. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GORETKIN, GUILHERME  
1020 CORKWOOD ST  
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

GUILHERME GORETKIN

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

1250 E. HALLANDALE B. BLVD # 1008

83

84 City

HALLANDALE

FL

85 Zip Code

33009

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 of 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME FERNANDES, MARIA D

1.2 NAME

STREET ADDRESS 1075 PIN OAK ST

1.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME GORETKIN, GUILHERME

2.2 NAME

STREET ADDRESS 1020 CORKWOOD ST

2.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME GORETKIN, ELEONORA N

3.2 NAME

STREET ADDRESS 1020 CORKWOOD ST

3.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME LEONARDO H. LOUREIRO

4.2 NAME

STREET ADDRESS 1075 PIN OAK ST

4.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)