

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 13 11:10:12

**DOCUMENT # P94000076328 (1)**

1. Corporation Name  
**OBE MARKETING INC.**

|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| 19655 EAST COUNTRY CLUB DRIVE STE. 304<br>C/O MR. STEPHEN ENGEL<br>AVENTURA FL 33180-2528 | 19655 EAST COUNTRY CLUB DRIVE STE. 304<br>C/O MR. STEPHEN ENGEL<br>AVENTURA FL 33180-2528 |

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/14/1994</b>  | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0530919</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 125.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suits, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

9. Name and Address of Current Registered Agent  
**ENGEL, STEPHEN  
19655 EAST COUNTRY CLUB DRIVE STE. 304  
AVENTURA FL 33180-2528**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0505 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: DATE: **6/2/95**

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b>                                      |
| NAME           | <b>ENGEL, STEPHEN</b>                         |
| STREET ADDRESS | <b>19655 EAST COUNTRY CLUB DRIVE STE. 304</b> |
| CITY, ST, ZIP  | <b>AVENTURA FL 33180-2528</b>                 |
| TITLE          | <b>D</b>                                      |
| NAME           | <b>ENGEL, DAVID</b>                           |
| STREET ADDRESS | <b>51 ASHDOWN CRESCENT</b>                    |
| CITY, ST, ZIP  | <b>RICHMOND HILL ONTARIO CANADA</b>           |
| TITLE          | <b>D</b>                                      |
| NAME           | <b>ENGEL, ISSIE</b>                           |
| STREET ADDRESS | <b>5900 CAVENDISH BLVD. STE. 404</b>          |
| CITY, ST, ZIP  | <b>COTE ST. LUC QUEBEC CANADA</b>             |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY, ST, ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY, ST, ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY, ST, ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY, ST, ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY, ST, ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with 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 included 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 trustee or trustee empowered to execute this report as required by Chapter 307, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **6/2/95** (505)936-9173

CR2E034 (3/95)