

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080136 (2)

1. Corporation Name

P.T.D. MARKETING, INC.



Principal Place of Business

Mailing Address

11767 S DIXIE HWY
424
MIAMI FL 33156
US

11767 S DIXIE HWY
424
MIAMI FL 33156
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEVANS, ROBIN
11767 S. DIXIE HWY.
SUITE 424
MIAMI FL 33156

81 Name

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

83

84 City

FL

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation or Registered Agent (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE

1.1 TITLE [] Change [] Addition

NAME BEVANS, ROBIN
STREET ADDRESS 8785 S.W. 161 ST.
CITY-STATE-ZIP MIAMI FL 33157

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE D [] DELETE

2.1 TITLE [] Change [] Addition

NAME JONES, KAY
STREET ADDRESS 14850 S.W. 87 AVE.
CITY-STATE-ZIP MIAMI FL 33176

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE [] DELETE

3.1 TITLE [] Change [] Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE [] DELETE

4.1 TITLE [] Change [] Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE [] DELETE

5.1 TITLE [] Change [] Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE [] DELETE

6.1 TITLE [] Change [] Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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 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.

SIGNATURE: X Robin Bevans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 235-3099

CR2E034 (12/95)