FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 04 1998 8:00am Secretary of State

i •		P9400 MARKETING (433 (0)							1 1111 1 11 1
Principal Place of Business Mailing Address								-{			
·											
	WI BEACH FL 331		3741 N.E. 163RD ST., SUITE 145 NORTH MIAMI BEACH FL 33160								
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
2. Principal F	Place of Busines	e	2a. Mai	2a. Mailing Address				11/14/1994 4. FEI Number		T	Sad Ca-
21	ace or busines	.5		26				65-0535375	 		Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.							dditional
22	•		\vdash	27				5. Certificate of Status Desired	1 1	e Req	
City & Stat	te			City & State				6. Election Campaign Financing	\$5	.00 k	May Be
23			28	28				Trust Fund Contribution Added to Fees			
Zip	Country		Zip	Zip Co		Country		8. This corporation owes or has paid	the current year	ar Intai	ngible
24	25		29				Personal Property Tax due June 30. 🔲 Yes 💢 No				
		d Address of Curr	ent Registered	i Agent		T		10. Name and Address of New Regis	stered Agent		
MC		81	Nam	ie							
		ST., SUITE 145				Stre	et Address (P.O. Box Number is Not Acceptable)				
NC.	orth Miami B	EACH FL 33160									
					83						
						City			FL 85	Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the							nd porpo	ration authorite this statement for the pure		ine ite	recistered
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											
12.	Signature, typed or p	orinted name of registered a	gent and title if appli ND DIRECTOR		E: Registered Ag	ont signat	ure required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIREC	PAOT	IN 12
TITLE	PO	OT TOETS A	AD DITE.OTOR	DELETE	1.1 TITLE		1	ADDITIONAL TO STRICE	Cha		Addition
NAME	MORTON,	ROGER		—	1.2 NAME		ļ				
STREET ADDRESS 3741 N.E. 163RD ST., SUITE			E 145				s				
CITY-ST-ZIP NORTH MIAMI BEACH FL 33											
TITLE	Vī		- : •	DELETE	21 TITLE				☐ Cha	nge	Addition
NAME	DEL CASTI	ILLO, MARIA			2.2 NAME		1				
STREET ADDRESS	STREET ADDRESS C/O 3741 N.E. 163RD ST., SU			JITE 145 23 SI			s				
CITY-ST-ZIP	DITY-ST-ZIP NORTH MIAMI BEACH FL 331			60 2.4							
TITLE				DELETE	3.1 TITLE				Cha	ngé	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRES	S				}
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		3.4. CITY-	ST-ZIP					
TITLE				DELETE	4.1 TITLE				L_] Cha	nge	Addition
NAME					4. 2 NAME		1				
STREET ADDRESS					4.3 STREET	ADDRES	8	•			1
CITY-ST-ZIP				Delete	4.4 CITY - S	T-ZIP					T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				☐ DELETE	5.1 TITLE				Chai	ige	Addition
NAM®					5.2 NAME				į		
STREET ADDRESS					5 3 STREET		i				
CITY-ST-ZIP				☐ DELET E	5.4 CITY-5	I - ZIP			☐ Char	000	Addition
TITLE NAME				in pereig	6.1 TITLE				€ CUSI	រវិន	LLI MODILION
					6.2 NAME	Y D D D C C C	,				
STREET ADDRESS CITY-ST-ZIP					6.3 STREET		`				
	certify that the in	formation supplied	with this filing o	does not qualify fo	6.4 City-S		ted in S	ection 119.07(3)(i), Florida Statutes, I fur	ther certify that	t the in	formation

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 armual 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 recyber 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 exchange with an address.

OLONIATURE: X

Lagres Alsolan

1/3019

CR2E034 (10/97