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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION 1

MR. PRONOTION & MANAGEMENT CONS. INC

Principal Place of Business

Mailing Address

| 2231 | N. Octor Ber | D, | 223/ | N. Oc | E1 | to Bus | DO NOT WIDITE IN THIS SPACE | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------|-----------------------|--------|--------------------|------------------------------------------------------------------------------------------------------------------------|--|--|
| FT. | N. OCEAN BUN LA-PERDALE, FL | 3330 | FT. L | ANDER | 20, | 4U, FL 33305 | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified | | |
| 2. Principal Place | e of Business | 2a. Mailing | g Address | | | | 4. FEI Number Applied For Not Applied For | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | | | 5. Certificate of Status Desired See Required Fee Required | | |
| City & State | | Cily & 28 | State | | | . , | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip 24 | 25 29 30 | | | Counti | ry | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes \(\simega\) No | | |
| | 9. Name and Address of Curr | | | | | | 10. Name and Address of New Registered Agent | | |
| 4 | OL HARTEL | | | 8. | ין' | Name | | | |
| AMORE MARTEL 2231 N. DCEAN BLUD. FT. LANDERDALE, FL 33305 | | | | Bź | | Street Addres | reet Address (P.O. Box Number is Not Acceptable) | | |
| A).51 | 1 - LODALA | E1 23 | 305 | 80 | 3 | | | | |
| FT. | LANDERPHORY | <i>,</i> | | 84 | 4 1 | City | 85 Zip Code | | |
| 11 Pursuant to th | he provisions of Soctions 607.05 | 02 and 607 1509 | L Florida Statu | tes the ahou | Ve.r | nemed corpor | FL T ration submits this statement for the purpose of changing its registered | | |
| SIGNATURE // | ndre TVAV noure typed or prested name of consistercy of OFFICERS A | per profile d'appicat NO DIRECTORS | ole (NO | TE: Registered As | gari (| signature required | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PRESIDENT | | ☐ DFLETE | 1.1 TITLE | | | ☐ Change ☐ Addition | | |
| NAME Street address | AMORE MARTE 2231 N. OLEAN FT. LA-PERDI | Burg | | 1.2 NAME 1.3 STREE | |)DDLCC | | | |
| CITY-ST-ZIP | FT. LA-PERDI | IL FL | 33301 | 1.3 STREE | | . 1 | | | |
| TITLE | | | DELETE | 2.1 TITLE | • | | ☐ Change ☐ Addition | | |
| NAME | | | | 2 2 NAME | | | | | |
| STREET ADDRESS | | | | 2.3 STREE | T AD | ODRESS | | | |
| CITY - ST - ZIP | | | DELETE- | 2. 4 C(TY- | | ZIP | Change Addition | | |
| NAME | | | | 3.2 NAME | | | — Charles — Mutation | | |
| STREET ADDRESS | | | • | 3.3 STREE | | DRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY- | ST- | ZIP | | | |
| TITLE | | | DELETE | 4.1 THILE | | | Change Addition | | |
| NAME | | | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | | 4 3 STREE | | | | | |
| CITY-ST-ZIP TITLE | - | | DELETE | 44 CrTY - 51 Title | SI-Z | ur | Change Addition | | |
| NAME | | | | 5 2 NAME | | | | | |
| STREET ADDRESS | | | | 5.3 STREE | | DRESS | SH3/14 | | |
| CITY-ST-ZIP | | | | 5 4 CITY - | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | 5000024501 Bighange Addition | | |
| NAME | | | | 6.2 NAME | | | 5000024601559° Addition -03/18/9801003005 | | |
| STREET ADDRESS | | | | 6.3 STREE | I ADI | DRESS | ***150.00 | | |

14. Thereby 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 trusted 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 or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

x 02/18/48

Chardima Priorio #

Mar 17 1998 8:00am

Secretary of State

2E034 (10/9)