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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000050922 (0)**

1. Corporation Name
BROAD MARKETING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
111 S.E. 1ST STREET MIAMI FL 33131	111 S.E. 1ST STREET MIAMI FL 33131-1401

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0596494 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2001 NW 93 Avenue
22
23 City & State: MIAMI - FLORIDA
24 Zip: 33172 25 Country:

2a. Mailing Address
26 2001 NW 93 Avenue
27
28 City & State: MIAMI - FL.
29 Zip: 33172 30 Country:

9. Name and Address of Current Registered Agent
KEY CORPORATE SERVICES, INC.
200 SOUTH BISCAYNE BLVD.
TWENTIETH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: CARLOS LERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 100 South East 2nd Street
83 Suite 2620
84 City: Miami- FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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: Carlos Lerman (Registered Agent's signature required when reinstating) DATE: 3-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	☐ DELETE	1.1 TITLE: V.P	☐ Change ☒ Addition
NAME: SERGIO STIBERMAN		1.2 NAME: SAUL STIBERMAN	
STREET ADDRESS: 111 SE 1ST ST		1.3 STREET ADDRESS: 2001 NW. 93 Avenue	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: Miami - FL - 33172	
TITLE: V P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3-18-97 305-597-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #