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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050922 (0)

BROAD MARKETING ASSOCIATES, INC.

Principal Place of Business Mailing Address												Bât tin 13tat di	IRI BB III BB III	BOILL BEIGH E		EFOTO FILET FORT
2001 NW 93RD AVE					2001 NW 93RD AVE											
MIAMI FL 33172					MIAMI FL 33172 US						DO NOT WRITE IN THIS SPACE					
1	••				00						3. Date in	corporated	or Qualified	4		
乚				· · · · · · · · · · · · · · · · · · ·								/1995				
₩	Principal Pi	lace of Busin	ness	<u> </u>	ı. Mailing I	Address					4. FEI Nur					Applied For
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.						551	<u>)596494</u>				Not Applicable Additional
22					27						5. Certifica	ate of Status	Desired			Required
	City & State				City & State						6. Election	Campaign	Financing		\$5.0	May Be
23				28								ınd Contribu				d to Fees
	Zip	·			<u>├</u> ~ '						1	rporation ow al Property 1			urrentyear∣ ✓ Yes	ntangible No
24	24 25 29 30 30 9. Name and Address of Current Registered Agent									10. Name						
LERMAN, CARLOS								61	Name	•						
100 SOUTHEAST 2ND ST								62	Street	Addres	ss (P.O. Box	Number is I	Not Accept	able)		
STE 2620														· · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33131							83									
								84	City					FI	85 Zi	p Code
1	I. Pursuant I	to the provis	ions of Sections	607.0502 and	607.1508	Florida Sta tu	utes, th	e above	-name	d corpoi	ration submit	s this stater	nent for the	purpose	of changing	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											n's board of	directors. I I	hereby acc	ept the ap	pointment a	as registered
SIGNATURE																
L	· · · · · · · · · · · · · · · · · · ·	Signature, typed	or printed name of re			. (NC			nt signatur	re required	when reinstating	NS/CHANG	FO TO OF	DATE	D DIRECT	ODC IN 12
12	z. ILE	VP	OFFIC	ERS AND DIRE		DELETE		13. 1.1 TITLE		1	ADDITIO	NS/CHANG	ES TO OFF	-ICERS AN	Change	
1	WE		MAN, SAUL		•			1.2 NAME							•	
1			W 93RD AVE				1	1.3 STREET	ADDRESS							
La	TY-ST-ZIP	MIAML	FL				1	1.4 CITY - S	7 - ZIP							
Tri	LLE				[DELETE	2	2.1 TITLE		F	? 🤊		_		Change	Addition
1	WE							2.2 NAME		27	ti Pair	~~~·,	Ser	2,0		
1	REET ADDRESS	*						2.3 STREET		20	1,6-1,	<u>~ 93</u>	- 40	·		
_	CITY-ST-ZIP TITLE			<u> </u>				2.4 CITY-ST-ZIP		1	<u> </u>	7 2		172	Change	Addition
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ST	REET ADDRESS						8	3.3 REET	ADDRESS							
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cr	TY-ST-ZIP							5.4 CITY-S	T - ZIP	1					—	
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1	UME							6.2 NAME	4BDF===							
STREET ADDRESS								6.3 STREET								
ı Ci	TY-ST-ZIP						■ 6	6.4 CITY - S	1-214	1						

14. 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 supply adotted 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 composition 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 chapted, or or as a lachment with an address.