

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 # P95000052268 (6)

1. Corporation Name

ROI MARKETING CORPORATION



Principal Place of Business

1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

2. Principal Place of Business

21 3400 NE 192 ST

Suite, Apt. #, etc.

22 PH8

City & State

23 Aventura, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3400 NE 192 ST

Suite, Apt. #, etc.

27 PH8

City & State

28 Aventura, FL

Zip

29 33180

Country

30 USA.

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report

4. FFI Number
65-0593075

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

9. Name and Address of Current Registered Agent

STANTON, FRED R ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name JAMES P. MOYLAN

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

83 3400 NE 192 ST PH8

84 City AVENTURA

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

James P. Moylan

PRESIDENT

DATE

4/18/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOYLAN, JAMES P
STREET ADDRESS 3400 NE 193 STREET, UNIT P8
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 only in attachment with an address.

SIGNATURE:

James P. Moylan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. MOYLAN

4/11/96

(305) 933-9983

CR2E034 (12/95)