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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057779

1. Corporation Name

 Corporation N 	lame							
METER-MA	ade Marketing, Inc.			Ì	I HOOMOON HIN I SHOU SHILL OCHNE DON'S	68 (6) 66 (6) 6 (6) 1 66 (1		
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		a tilling Address			i indicial (in upper diest anter anter	BAIII BAIRI BIIII IBDII.	# E31 18E1E	
Principal Place	of Business	Mailing Address		1				
4794 NE 10TH AVE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334							•	
FORT ERODERDALE TE SOUS.						DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed			Í
					07/24/1995		Applie	d For
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0594339	 	- · · -	pplicable
	VS C. 22	26	26			· ¢Ω·	75 Addi	
21 Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	e Requi	
22		27			E	\$5	.00 ма	v Be
City & State		City & State			Election Campaign Financing Trust Fund Contribution		ded to F	
23		28			8. This corporation owes the curre			
Zip	Country	Zip	Country		Personal Property Tax.	Yes	. 🗆	No "
24	25	29 30	L		10. Name and Address of New R	egistered Agent		
	9. Name and Address of Current	t Registered Agent	81 N	ame £	7	IT		Ì
	MOLIEZ DODIN D		'	\sim	ODRIGUEZ, VA			
KUUF	RIGUEZ, ROBIN P NO. OCEAN BLVD. STE SK /	177 16	82 Si	treet Addre	ss (P.O. Box Number is Not Accepta	BUD 7	# / ⁻	$\mathcal{I}K$.
3015	NO. OCEAN BLVD. STEAN /	14	83		115 11. 000			
FURI	LAUDERDALE FL 33308		65			- Incl	- 7:0 C 0	
	/	1		ity Los	TIMIDERNALE	FL 85	432	308
			the chave no	med corn	pration submits this statement for the	purpose of changi	ng its re	gistered
11. Pursuant t	to the provisions of Sections 607.05	of Florida, Such change was auth	orized by the	corporatio	n's board of directors. I hereby accep	t the appointment	as regis	terea
oπice or re agent. I ar	n familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes.		oration submits this statement for the n's board of directors. I hereby accep	1/4/99	1	
	۲۱۱۰۷		gistered Agent sig		tuden reinstating)	DATE		
Cicion	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	13.		ADDITIONS/CHANGES TO OF	ICERS AND DIR	ECTOR:	S IN 12
12		DELETE	1.1 TITLE		FO		ange	Addition
TITLE	PODDIDLET DODIN D		1.2 NAME	7	AL RODRIGUEZ	• • •		
NAME	RODRIBUEZ, ROBIN P	l	1.3 STREET ADI	DRESS	4794 NE 10TH	m.	1/	Ĭ
STREET ADDRESS	4794 NE 10TH AVE	l	1.4 CITY-ST-ZI		CT LAUDERDALE, F	2 333=	5 y- _	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	☐ DELETE	2.1 TITLE		ESIDENT, DORIN	10	hange	☐ Addition
TITLE		_	2.2 NAME	l 'g	ニスロームリモン・スリン・	U T		
NAME			2.3 STREET AD	DRESS	HIGH NE 10TH A	<u>۷</u>	201	}
STREET ADDRESS			2. 4 CITY-ST-Z		FT. LAUDERDALE	<u> </u>	<u> </u>	- Addition
CITY-ST-ZIP		DELETE	3.1 TITLE			- 00	hange	Addition
TITLE			3.2 NAME	}				
NAME			3.3 STREET AD	DRESS				
STREET ADDRESS			3.4. CITY-ST-2	ZIP				- Addition
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			ĹĴ¢	hange	Addition
TITLE			4.2 NAME					
NAME	-		4.3 STREET AL	DORESS				
STREET ADDRESS	1		4.4 CITY-ST-Z	nP			`hana^	☐ Addition
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	7		Ц	Change	
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NAME	.]		5.3 STREET A	DDRESS				
STREET ADDRESS	,		5.4 CITY-ST-2	ZIP	·	······	^hange	Addition
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			. ⊔	Change	
			6.2 NAME	1				
NAME			6.3 STREET A	DDRESS				
STREET ADDRES	³		6.4 CITY-ST-	ZIP		1.5.41	ot the ir	formation

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 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 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 confortion or the receiver of 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 confort or an attachment with an address, with all other like empowered.

SIGNATURE: