| | PLA SE REAL | | | DEEODE O | OMDI ETI | ING THIS FOR | • 6.4 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------|------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------|--|
| | PLICATION FOR STATEMENT | FAID | EP ARTME | NT OF STATE rtham State |] | PRA CERTAIN FOR | (1) | |
| DOCUMENT # P95000067191 | | | | | 97 | NOV -3 AM 9: | 15 | |
| 1. Corporation Name MARKETERS OF AMERICA, INC. | | | | | SE TAL | CRETARY OF ST LAHASSEE FLO | ATE RIDA | |
| Principal Place of Business Mailing Address | | | | | | - 18161 61111 88111 88111 BB111 | 11 4 k iris (1888) 1188 3 14 1 34 144 144 | |
| 269 PALM MIAMI BEA | AVENUE CH FL 33139 | | 269 PALM AVENUE Miami Beach FL 33139 | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction to 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | | 4 Date Incom | orated or Qualified | | |
| Suite, Apt. | | Suite, Apt. #, | | | To Do Busìness in Florida 08/30/1995 | | 08/30/1995 | |
| City & State | θ | City & State | City & State | | APPLIED FOR | | Applied For Not Applicable | |
| Zip | Country | Zip | Counti | у | 6. CERTIFICATE | OF STATUS DESIRED | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Names | and Street Addresses of Each Officer a | nd/or Director (Flo | , | ations must list at lea | | | | |
| Title(s) | and/or Directors | | Officer and/or Director 3 (Do NOT Use Post Office Box I | | (umbers) 4 City / State / Zip | | | |
| PSD | ANEZ, OSWALDO | | 269 PALM AVENUE | | | MIAMI BEACH FL 33 | 3139 | |
| VTD | ASION, ANDRES | | 269 PALM AVENUE | | MIAMI BEACH FL 33139 | | | |
| | | | | | 9 | 0000293 ****165. | | |
| | | | | | | | 1967 | |
| | 8. Name and Address of Curre | nt Registered Age | ent | | 9. Name and A | ddress of New Register | /\I | |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD | | | | | os Osion | | | |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | Strat Address (P.O. Box Number is Not Acceptable) 100 West Overus Suite, Apt. #, Etc. 119 Suite | | | |
| Miami | | | | | i Beach | | EL 33/39-5/41 | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent | | | | | | | | |
| Registered | | REGISTERED AG | | | | Date | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) | | | | | | | | |
| 12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | | | | |
| SIGNATURE: 10/24/97 (305)531-5700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | |

Marketers of America, Inc.

269 Palm'Avenue, Miami Beach FL 33139-5141

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Friday, October 24, 1997

To whom it may concern:

On April 5, 1997 a check for the amount of \$165.00 was sent out to the Division of Corporation. This check was for the Filing Fee of 1997's "Profit Corporation Annual Report." The Corporations Name is "Marketers of America, Inc."

Enclosed is a notice I just receive of ADMINISTRATIVE DISSOLUTION OR REVOCATION. After checking with my accountant, we realized that the check we sent in never got cashed by your department. It is possible that it was displaced in your office, or lost in the mail. Although, we never received any notice from the Post Office of the letter not arriving to it destination (your office.)

I hope we can clarify this matter as soon as possible.

Enclosed is another check for \$165.00, which was the original Payment I sent to your office.

If you have any questions please do not hesitate to contact me at 305-531-5700.

Sincerely,

Andres Asion

Executive Vice President