FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500000

DOCUMENT # P9500094293 (4 AJR INTERNATIONAL MARKETING, INC. Principal Place of Business Mailing Address 306 NW 48 AVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL								
						3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Place of Business					12/11/1995	N/A		
21			2a. Mailing Address			4. FEI Number 65 - 06 33411		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0693411	IVot Applicable		
22			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	······································	Country	28 Zip		 	Trust Fund Contribution	Added to Fees	
24		25	29	Cour	ntry	8. This corporation has liability for	intangible tax under s 199.032,	
	9. Name	and Address of Curren	t Registered Agent	130		Florida Statutes Yes 10. Name and Address of New F	S X No	
306 NW DEERFIE	ELD BEACH	FL 33442		ī	33 34 City	dress (P.O. Box Number is Not Acceptat		
or registe familiar w	with and decep	ons of Sections 607,0502 both, in the State of Florid of the obligations of, Section x printed name of registered agent a OFFICERS AND	on 607.0505, Florida Statutes	•	enamed corporporation's boardent signature require		pose of changing its registered office ointment as registered agent. I am	
TITLE	D		DELETE	1. 1 Tul	F	ADDITIONS/CHANGES TO OFFI		
NAME STREET ADDRESS CHY-ST-ZIP TITLE	306 NW	, ANTONIO 48 AVE .D BEACH FL 33442		1.2 NAM	E ET ADDRESS		☐ Change ☐ Addition	
NAME STREFT ADDRESS CITY-ST-ZIP	ROMERO 306 NW 4	, JACQUELINE 18 AVE D BEACH FL 33442	☐ DELETE		ET ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ DEFELE	2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY-	ET ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS		Change Addition	
TITLE NAME STREET AUDRESS CITY-ST-ZIP			☐ DELETE		ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY - ST - ZIP			DELETÉ	5.4 CITY-5 6.1 TITLE 6.2 NAME 6.3 STREET			☐ 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO ROMERO 4/27/96 954-480-8651

CR2E034 (12/95)