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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097859 (9)

1. Corporation Name

PROFITS IN MARKETING, INC.

Principal Place of Business

1221 BRICKELL AVE.
SUITE 900
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE.
SUITE 900
MIAMI FL 33131-3261

3. Date Incorporated or Qualified
12/28/1995

3a. Date of Last Report
06/13/1996

4. FEI Number
65-0642797

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PEREZ, JOAQUIN
1221 BRICKELL AVE.
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Joaquin Perez

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE PVST ☐ DELETE
12.2 NAME PEREZ, JOAQUIN
12.3 STREET ADDRESS 1221 BRICKELL AVE, SUITE 900
12.4 CITY-ST-ZIP MIAMI FL 33131

12.5 TITLE D ☐ DELETE
12.6 NAME PEREZ, JOAQUIN
12.7 STREET ADDRESS 1221 BRICKELL AVE, SUITE 900
12.8 CITY-ST-ZIP MIAMI FL 33131

12.9 TITLE ☐ DELETE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP

12.13 TITLE ☐ DELETE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP

12.17 TITLE ☐ DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP

12.21 TITLE ☐ DELETE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

Joaquin Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

Daytime Phone #

CR2E034 (9/96)