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Apr 18 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 # P96000051687 (7)

1. Corporation Name
SALES AND MARKETING CONSULTANTS, INC.



Principal Place of Business
171 ALAMEDA DRIVE
KISSIMMEE FL 34743-7034

Mailing Address
171 ALAMEDA DRIVE
KISSIMMEE FL 34743-7004

Check # 364

2. Principal Place of Business		2a. Mailing Address	
21 321 DRAKE ELM DR.		26 SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 KISSIMMEE FL.		28	
Zip		Country	
24 34743-8410		29	
Country		30	
25 U.S.A.		31	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1996	
4. FEI Number	Applied For
59-3390664	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRUMER, BARRY N ESQ 5728 MAJOR BOULEVARD SUITE 230 ORLANDO FL 32819		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 607.1508, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NOGUEIRA, HENRIQUE F	1.2 NAME	NOGUEIRA, HENRIQUE F.
STREET ADDRESS	119 VERACRUZ AVENUE	1.3 STREET ADDRESS	321 DRAKE ELM DR.
CITY-ST-ZIP	ORLANDO FL 34743	1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34743-8410
TITLE	STD	2.1 TITLE	
NAME	REIS, ORLANDO F	2.2 NAME	
STREET ADDRESS	171 ALAMEDA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743-7034	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____

CR2E034 (9/96)