FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056695 (5)

MARKET FORCE INTERNATIONAL, INC.

Principal Place of Business 1000 PONCE DE LEON BLVCD. STE 200-**CORAL GABLES FL 33134**

Mailing Address

1000 PONCE DE LEON BLVCD. STE 200-**CORAL GABLES FL 33134**

FILED Feb 03 1998 8:00am Secretary of State



ĺ								DO NOT	WRITE IN	I THIS S	PACE		
								3. Date Incorporated or Qua	ified				
								07/01/1996					
2. Principal Place of Business			2a. Ma	2a. Mailing Address				4. FEI Number				Applied For	╛
21			26					65-0685182				lot Applicable	
Suite, Apt. #, etc.			├ ─¬	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed [T	Additional	
22 306			27				Fee Required					4	
City & State		·	City & State				6. Election Campaign Finance	\$5.00 May Be					
23		28									ded to Fees		
Zip	Country		Zip		├	Country		8. This corporation owes or h					
24	25	1111	[29]		30	-		Personal Property Tax due				No No	4
		d Address of Curre	nt Hegistere	а Аделі		81	Nama	10. Name and Address of No	w Hegis	ilered A	gent		+
Darrow, Kenneth F 9000 South Dadeland BlvD. Ste 412						"	Name						
			82	Street	reet Address (P.O. Box Number is Not Acceptable)					1			
<u>Mian</u>	II FL 33156					-						4	
İ					83							l	
						City				85 Zip	Code	┪	
									FL				
11. Pursuant to	the provisions	of Sections 607.050	02 and 607.19	508, Florida Statu	tes, the a	bove	-named	corporation submits this statement for poration's board of directors. I hereby	the purp	cose of	changing	its registered	
agent. I am	familiar with	and a ccept the oblig	ations of, Sec	ction 607.0505, FI	orida Stat	lutes	ine corp	boration's board of directors, Thereby	accept ti	пс арро	musem a	s registered	
SIGNATURE													
S	gnature, typed or p	rinted na mo of registered ag				d Age	nt signature	required whon reinstating)		DATE			_\ ƙ
12.		OFFICERS AN	ID DIRECTOR		13.		 ,	ADDITIONS/CHANGES TO	OFFICER				100
TITLE	D	000 A		DELETE	1111		ſ			l	Change	Addition	3
NAME	DONNELLY			1.2 NAME								Š	
STREET AODRESS		D. STE 200	STE 200		REET.	ADDRESS					Įů		
CITY-ST-ZIP		BLES FL 33134			1.4 CI		1 - ZIP						وْل
TITLE	D			☐ DELETE	2 1 TI	ILE	-			į	Change	Addition	10
NAME	LUPIEN, SUSAN RESS 1000 PONCE DE LEON BLVCD. STE 200					AME	ļ						
STREET ADDRESS		XD. STE 200	STE 200		2.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL GA	BLES FL 33134			2.40		1-21P						
TITLE				☐ DELETE	3.1 TI	TLE				ı	Change	Addition	
NAME					32 NAME								
STREET ADDRESS			335			ADDRESS							
CITY-ST-ZIP					3.4. C	ITY-S	T-ZIP						
TITLE				DELETE	4.1 10	ILE				i	Change	Addition	
NAME					4.2 N	AME							
STREET ADDRESS					4.3 ST	REET	address						
CITY-ST-ZIP					4.4 CI	TY-ST	- ZIP						J
TITLE				☐ DELETE	5.1 Til	LE					Change	☐ Addition	Ì
NAME				•	5.2 NA	ME							
STREET ADDRESS					5.3 ST	REFT,	ADDRESS						
CITY-ST-ZIP			_		5401	TY-ST	-71P						
TITLE				DELETE	6.1 711	ſLΕ					Change	Addition	1
NAME					6.2 NA	ME	J						1
STREET ADDRESS					6.3 ST	REET A	ADDRESS						
CITY-ST-ZIP					6 4 CF								
	tify that the in	ormation supplied w	ith this filing	does not qualify for	_			d in Section 119.07(3)(i), Florida Statu	tes. I furt	her cert	ify that th	e information	1

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 chapter 6, or on an attachment with an address