## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000060615 (7)

## **FILED** Sep 11 1997 8:00am Secretary of State

| BARBA   | ra derat                           | to internation  | NAL MARI                     | KETING, INC                         | •                      |                |  |                        | 1 1 <b>18</b> 11181 118 12111 | <b>                                    </b> | illi denia anii | <br>  <b>       </b> | <b>188</b>         |
|---|------------------------------------|---|------------------------------|-------------------------------------|------------------------|----------------|--|------------------------|-------------------------------|---|-----------------|----------------------|--------------------|
| 51 1.16   |                                    |   | B.4. 100                     |                                     |                        |                |  |                        |                               |   |                 |                      |                    |
| Principal Place of Business Mailing Address   |                                    |   |                              |                                     |                        |                |  |                        |                               |   | 94113 4111      |                      |                    |
| 2155 SOUTH OCEAN BOULEVARD 2155 SOUTH OCEAN BOULEVARD DEL RAY BEACH FL 33444 DEL RAY BEACH FL 33444 |                                    |   |                              |                                     |                        |                |  | i                      |                               | ÷   |                 |                      |                    |
| DEL RAY BEACH FL 33444 DEL RAY BEACH FL 33444   |                                    |   |                              |                                     |                        |                |  |                        | DO NOT WRITE IN THIS SPACE    |   |                 |                      |                    |
|   |                                    |   |                              |                                     |                        |                |  |                        | 3. Date Incorporate           | or Qualified                                | 3a. Da          | te of Last R         | eport              |
|   |                                    |   |                              | •                                   |                        |                |  | ì                      | 07/19/1996                    |   | ]               |                      | ]                  |
|   | lace of Busines                    | SS .  | 2a. Mailing Address          |                                     |                        |                |  |                        | 4. FEI Number                 | 200   | ^ /             | Ar                   | optied For         |
| 21  |                                    | 26  |                              |                                     |                        |                | /6-  | 2347                   | 706                           | No  | ot Applicable   |                      |                    |
| Suite, Apt.   | #, etc.                            | Suite, Apt. #, etc.   |                              |                                     |                        |                | - 1  | 5. Certificate of Stat | us Desired                    |   | \$8.75          |                      |                    |
| 22  |                                    | 27  |                              |                                     |                        |                |  |                        |                               | Fee Re                                      | <del></del>     |                      |                    |
| City & State  | e<br>;                             | City & State  |                              |                                     |                        |                |  | 6. Election Campaig    | -                             | П   | \$5.00          |                      |                    |
| 23  | <del></del>                        | Country   | Zip Country                  |                                     |                        |                |  |                        | Trust Fund Contri             |   | <u> </u>        | Added                |                    |
| Zip<br>24   | -                                  |   |                              |                                     |                        | ¬ '            |  |                        | 8. This corporation (         |   |                 |                      | langible  <br>  No |
| 67  |                                    |   | 29 30 30 Registered Agent    |                                     |                        |                | Personal Property Tax due June 30. Yes  10, Name and Address of New Registered Agent |                        |                               |   |                 |                      |                    |
| C T CORPORATION SYSTEM  |                                    |   |                              |                                     |                        |                | Nam  | 9                      |                               |   |                 |                      |                    |
| 1200 SOUTH PINE ISLAND ROAD   |                                    |   |                              |                                     |                        |                |  |                        |                               | A (   |                 |                      |                    |
|   | ANTATION FL                        |   |                              |                                     |                        | 82 Street Addr |  |                        | s (P.O. Box Number is         | Not Acceptab                                | ole)            |                      | - 1                |
|   |                                    |   |                              | 83                                  | <b></b>                |                |  |                        |                               |   |                 |                      |                    |
|   |                                    |   |                              |                                     |                        |                | ļ  |                        |                               | <u></u>                                     |                 | <del></del> -        |                    |
|   |                                    |   |                              |                                     |                        | 84             | City   |                        |                               |   | FL              | <b>85</b> Zip (      | Code               |
| 11. Pursuant  | to the provision                   | ns of Sections 607.050  | 2 and 607.15                 | 08, Florida Statut                  | tes, the a             | above          | e-name   | d corpor               | ation submits this stat       | ement for the p                             |                 | changing if          | ls registered      |
| office or r   | egistered ager<br>on familiar with | ns of Sections 607.050.<br>ht, or both, in the State<br>, and accept the obliga | of Florida, Stations of Soci | uch change was .<br>Non 607 0505 El | authorize<br>orida Sta | ed by          | the co   | rporatio               | n's board of directors.       | I hereby accer                              | ot the appo     | sintment as          | registered         |
|   | pri jestimes: #it(i)               | , and accept the oblige   | 11.01.3 01, 000              | Aron 607,0500, 11                   | Onog Oto               | nuice          |  |                        |                               |   |                 |                      |                    |
| SIGNATURE   | Signature, typed or                | printed name of registered ager   | nt and tille it appli        | cattle. (NO1                        | E: Registere           | ed Age         | ni signatu   | re required            | when reinstating)             |   | DATE            |                      |                    |
| 12.   |                                    | OFFICERS AND  | DIRECTOR                     |                                     | 13.                    |                |  |                        | ADDITIONS/CHAN                | GES TO OFFIC                                |                 |                      |                    |
| TITLE   | D                                  |   |                              | ☐ DELETE                            | 1.1 T                  | ITLE           |  |                        |                               |   | 1               | Change               |                    |
| NAME  |                                    | , BARBARA   | 1.2 N                        |                                     |                        | AME            |  | 1                      |                               |   |                 |                      | ļ                  |
| STREET ADDRESS  | 2155 SOL                           | VARD 1.3 S  |                              |                                     | STREET                 | ADDRESS        | :  |                        |                               |   |                 | į                    |                    |
| CITY-ST-ZIP   | DEL RAY                            | BEACH FL 33444  |                              |                                     | _                      | CITY-S         | T-ZIP  | -                      |                               |   |                 | <del></del>          |                    |
| TITLE   |                                    |   |                              | ☐ DELETE                            | 2.11                   |                |  | Ţ                      |                               |   | !               | Change               | Acdition           |
| NAME  | •                                  |   |                              |                                     |                        | IAME           |  |                        |                               |   |                 |                      | ĺ                  |
| STREET ADDRESS  |                                    |   |                              |                                     | 2.3 \$                 | TREET          | ADDRESS  |                        |                               |   |                 |                      |                    |
| CITY-ST-ZIP   |                                    |   |                              | DEVETE                              |                        | CITY - S       | ST - ZIP   |                        |                               |   |                 |                      |                    |
| TITLE   |                                    |   |                              | ☐ DELETE                            | 3.1 7                  |                |  |                        |                               |   |                 | L Change             | L. Addition        |
| NAME  |                                    |   |                              |                                     | 3.2 N                  |                |  |                        |                               |   |                 |                      |                    |
| STREET ADDRESS  |                                    |   |                              |                                     |                        |                | ADDRESS  | 1                      |                               |   |                 |                      | ŀ                  |
| CITY-ST-ZIP   |                                    |   |                              | DELETE                              | 3.4. I                 | CITY - S       | S1-ZIP   | +                      |                               |   |                 | Change               | Addition           |
| TITLE   |                                    |   |                              | □ MIGH                              |                        |                |  |                        |                               |   | 1               | TI CHANGE            | MODEROIL           |
| NAME  |                                    |   |                              |                                     |                        | NAME           | ADDOCCO  | .                      |                               |   |                 |                      |                    |
| STREET ADDRESS  |                                    |   |                              |                                     |                        |                | ADDRESS  | `\                     |                               |   |                 |                      | j.                 |
| CITY-ST-ZIP<br>TITLE  |                                    |   |                              | DELETE                              | 5.11                   | HTY-S          | 1-211  | <del> </del>           |                               |   |                 | Change               | Addition           |
| NAME  |                                    |   |                              |                                     |                        | IAME           |  |                        |                               |   |                 | visalite             | -,07,000           |
| STREET ADDRESS  |                                    |   |                              |                                     |                        |                | ADDRESS  | . ]                    |                               |   |                 |                      | }                  |
|   |                                    |   |                              |                                     |                        |                |  | `                      |                               |   |                 |                      |                    |
| CITY-ST-ZIP<br>TITLE  | <del>-</del>                       |   |                              | DELETE                              | 6.1 T                  | HTY-S          | 1 ^ LH'  |                        |                               |   |                 | Change               | Addition           |
| NAME  |                                    |   |                              |                                     |                        | IAME           |  | }                      |                               |   | '               |                      |                    |
| STREET ADDRESS  |                                    |   |                              |                                     |                        |                | ADDRESS  |                        |                               |   |                 |                      |                    |
|   |                                    |   |                              |                                     |                        |                |  |                        |                               |   |                 |                      |                    |
| CITY-ST-ZIP   | by codify that t                   | ha information cumpling   | i with this title            | og door not guali                   |                        | ITY-S          |  | stated i               | 1 Section 119 07(3)(i)        | Etorida Statuta                             | c. I further    | portify that         | the                |

representation indicated on this annual report or supplied with 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 it 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.