

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 2022

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90169 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000069493**

1. Corporation Name  
**MARKUP CORP.**



Principal Place of Business 11121 W OKEECHOBEE ROAD HIALEAH GARDEN FL 33018 US	Mailing Address 11121 W OKEECHOBEE ROAD HIALEAH GARDENS FL 33018 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>08/21/1996</b>	
21		26		4. FEI Number <b>65-0708774</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>ALREADY PAID</b>	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>KUPFER, JEROME</b> <b>11121 W. OKEECHOBEE RD</b> <b>HIALEAH GARDENS FL 33018</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPFER, JEROME	1.2 NAME	
STREET ADDRESS	11121 W OKEECHOBEE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERTO	2.2 NAME	ARMANDO MARTIN
STREET ADDRESS	1300 W 49 STREET	2.3 STREET ADDRESS	11115 W. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALGUERA, ERNESTO	3.2 NAME	DIANE MARTIN
STREET ADDRESS	1300 W 49 STREET	3.3 STREET ADDRESS	11115 W. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPFER, EILEEN	4.2 NAME	
STREET ADDRESS	11121 W OKEECHOBEE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 305-231-9664  
Date Daytime Phone #

CR2E034 (11/98)

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