

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

**FILED**  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90036 012 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000069598**

1. Corporation Name

**EAST-WEST MARKETING & PROMOTIONS, INC.**



<b>Principal Place of Business</b> 17027 W DIXIE HWY STE 104 NORTH MIAMI BEACH FL 33160 US	<b>Mailing Address</b> 17027 W DIXIE HWY STE 104 NORTH MIAMI BEACH FL 33160 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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<b>3. Date Incorporated or Qualified</b> 08/20/1996	<b>4. FEI Number</b> 65-0689721	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> SAADA, CORINNE 1872 NE 198 TERRACE NORTH MIAMI BEACH FL 33179	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

<b>12. OFFICERS AND DIRECTORS</b>	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>																																																																																																																																				
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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:** *SAADA R.* **PRESIDENT** 1-6-99 305 682 1320