

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

**FILED**

**Feb 28 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 # P96000070665 (0)**

1. Corporation Name  
**CATALINA MERCHANDISING, INC.**



Principal Place of Business  
**C/O THOMAS M. BLUTH  
18191 NORTH WEST 68TH AVENUE  
MIAMI FL 33015**

Mailing Address  
**C/O THOMAS M. BLUTH  
18191 NORTH WEST 68TH AVENUE  
MIAMI FL 33015-3926**

3. Date Incorporated or Qualified **08/21/1996**      3a. Date of Last Report

2. Principal Place of Business      2a. Mailing Address

4. FEI Number **65-0690721**      Applied For / Not Applicable

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State      27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip      28. Zip      Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24.      25.      29.      30.      Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUTH, THOMAS M  
18191 NORTH WEST 68TH AVENUE  
MIAMI FL 33015**

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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HERSH, ROBERT</b>
STREET ADDRESS	<b>18191 N.W. 68TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PCD Hersh, Robert</b>
1.3 STREET ADDRESS	<b>18191 NW 68th Ave.</b>
1.4 CITY-ST-ZIP	<b>Miami FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD Rappaport, Dean S.</b>
2.3 STREET ADDRESS	<b>18191 NW 68th Ave</b>
2.4 CITY-ST-ZIP	<b>Miami FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VST Bluth, Thomas M.</b>
3.3 STREET ADDRESS	<b>18191 N.W. 68th Ave</b>
3.4 CITY-ST-ZIP	<b>Miami FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>Bank Dep \$ 173.75</b>
6.4 CITY-ST-ZIP	<b>VB228</b>

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: *Thomas M. Bluth*      **THOMAS M. BLUTH**      1/16/97 (305) 598-4171 x 537

CR2E034 (9/96)