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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074082 (4)

AARON MARKETING SERVICES, INC.

## **FILED** Feb 05 1997 8:00am Secretary of State



Principal Place		Mailing Addr						A-4- 18118	*********
17700 NW 67 A MIAMI FL 33015		17700 NW 67 MIAMI FL 330							
						3. Date Incorporated or Qualified 09/06/1996	3a. Date of	Last Re	eport
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	<u> </u>	Αp	plied For
1		26	26			65-0694438		h	Applicable
Suite Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & Sta	ate			6. Election Campaign Financing Trust Fund Contribution		5.00 Added to	May Be
		Zip	Zip Countr		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
Ч	25 25 9. Name and Address of Cui	29  rrent Registered Age		30		10. Name and Address of New Re			
NIIN	IEZ, ANTHONY			81	Name			<del></del>	<del></del>
	00 NW 67 AVE. #119			-		0.00			
	WI FL 33015			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
· · · · · · · · · · · · · · · · · · ·	,,, , , , , , , , , , , , , , , , , , ,			83					
				84	City		85	Zip C	Code
							FL		
i1. Pursuant t office or re	to the provisions of Sections 607, egistered agent, or both, in the S	0502 and 607.1508, Fi tale of Florida, Such o bligations of Spetion 6	lorida Statute hange was a	es, the above authorized by wide Statute	e-named cor y the corpora s	rporation submits this statement for the pation's board of directors. I hereby acceptions	ourpose of char of the appointm	nging its nent as r	s registered registered
SIGNATURE	Signature typed or partied name of registers					ulred when reinstating)	DATE	<del></del>	
2.		AND DIRECTORS	114(3) (	13.	our eithiustre red	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12
ITLE	DP .		DELETE	1.1 TITLE				Change	Addition
IAME	NUNEZ, ANTHONY			1.2 NAME					
IREET ADORESS	17700 NW 67 AVE. #119			1.3 STREET	ADDRESS				
DITY-ST-ZIP	MIAMI FL 33015			1.4 CITY - 5	SY-ZIP				
IILE			DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
TREET ADDRESS				2.3 STREET	ADDRESS				
CHY-ST-ZIP		<del></del>	No. 575	2. 4 CITY-	ST-ZIP			<u> </u>	1 Lagren
INTLE		L.	] DELETE	3 1 TITLE			LJ	Change	Addition
14ME				3.2 NAME	r annonean				
STHEET ADDRESS				1	T ADDRESS				
DITY - ST - ZIP DITUE			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		П	Change	Addition
ISME		<b></b>		4. 2 NAME			<u> </u>		
STREET ADDRESS					T ADDRESS				
C-TY - ST - ZIP				4.4 CITY-5	- 1				
TINLE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME	ļ				
STREET ADDRESS				5.3 STREET	T ADDRESS	•			
CCTY - ST - ZIP				5.4 CITY~	ST-21P	·			
TITLE		L	J DELETE	6.1 TITLE				Change	Addition
MANE	_			6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS	•			
CITY - S1 - ZIP				6.4 CITY					
<ol> <li>I do hereb informatic</li> </ol>	by certify that the information sup in indicated on this annual renort	pried with this filing do or supplemental annu	pes not qualifual report is to	fy for the exe rue and acc	emption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg	es. I further ceri al effect as if m	aty that a	the der oath; tha
Lam an o	flicer or director the corporation in Block 12 di Block 12 il change	mor the receiver or tru	istee empow	ereo to axe	cute this rep	ort as required by Chapter 607, Florida	Statutes; and th	iat my n	iame
appears i	IT PIOSK 12 UFBIOCK IN IT CHANGE	y, or on an appointen	with all auc	All and a ke	B 44				
SIGNAT	URE: \ M\ I	w		(HAE		1-29-97	(301) P	-55	88VO
214171	SIGNATURE AND TYPE	O OR PRINTED NAME OF SI	GNING OFFICER	A DIRECTOR	***************************************	Date	Daytime	Phone 4	