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**Feb 04 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 # P96000080027 (1)

1. Corporation Name
MILLENUM MARKETING GROUP, INC.



Principal Place of Business
**13101 SW 96 AVE.
MIAMI FL 33176**

Mailing Address
**13101 SW 96 AVE.
MIAMI FL 33176-5798**

3. Date Incorporated or Qualified **09/23/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **1150 NW 72 Ave**
Suite, Apt. #, etc.
22 **407**

2a. Mailing Address
26 **1150 NW 72 Ave**
Suite, Apt. #, etc.
27 **407**

4. FEI Number **65-0698463** Applied For
Not Applicable

City & State
23 **Miami, FL**
Zip Country
24 **33126 USA**

City & State
28 **Miami, FL**
Zip Country
29 **33126 USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
**LOPEZ, JACK JR.
13101 SW 96 AVE.
MIAMI FL 33176**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, JACK JR.	
STREET ADDRESS	13101 SW 96 AVE.	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNES-LOPEZ, LINA	
STREET ADDRESS	13101 SW 96 AVE.	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, LINDA L	
STREET ADDRESS	2848 MILLER COURT	
CITY - ST - ZIP	WESTON FL 33332	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUELSMANN, DAVID M	
STREET ADDRESS	2848 MILLER COURT	
CITY - ST - ZIP	WESTON FL 33332	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	S/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	T/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	P/D/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: **Jack Lopez Jr.** **JACK LOPEZ JR.** **1/27/97 (205) 436-8246**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)