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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102784

1. Corpora ion Name

GARAY MARKETING GROUP, INC.

Principal Place of Business Mailing Address					111111111111111111111111111111111111111			
9201 SW 75 STREET MIAMI FL 33173		9201 SW 75 STREET MIAMI FL 33173				DO NOT WRITE IN	THIS SPACE	
					3. Date ir corpora		TING OF ACE	
					12/19/1996			
2 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		A	pplied For
26					65-07 13064		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			
22 27					Fee Recuired			
City & S ate	e	City & State	 		6. Electio 1 Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		28 Zin	Zip Country		Trust Fund Cor			IU Fees
		<u> </u>	H-m '		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	25 29 30 9. Name and Add ess of Current Registered Agent		<u> </u>			dress of New Regist	tered Agent	
····	••••••		81	Name				
	ay, angel		82	Street Add	dress (P.O. Box Numbe	er is Not Acceptable)	<u> </u>	
	SW 75 STREET			Curcorrio				
MIAN	AI FL 33173		83					1
			84	City			FL 85 Zip	Code
agent. Fai	egistered agent, or born, in the m familiar with, and accept the Signature, typed or printed name of regis	e State of Florida. Such change was all e obligations of, Section 607.0505, Fluri stered agent and title if applicable (NOTI):	da Statutes	-	red when reinstating)	DA DA	ATE	
12.	 	ERS AND DIRECTORS	13.		ADDITIONS/CH	IANGES TO OFFICER		
TITLE	PTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	Guitt, Michel		1.2 NAME					
STREET ADDRE 3S	9201 SW 75 STREET		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					Į.
CITY-ST-ZIP	MIAMI FL 33173 VD	MI FL 331/3 1.4		T-ZIP			☐ Change	Addition
TITLE NAME	GARAY, ALMA		2.2 NAME					
STREET ADDRESS	AAAA ANI WE ATREET		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		2 4 CITY-S		_			
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	32		3.2 NAME					
STREET ADDRESS	DDRE'S		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY-S	T-ZIP			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				☐ Criange	L Addition
NAME			4.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP TITLE			4.4 CITY-S 5.1 TITLE	1-ZIP			Change	Addition
NAME			5.2 NAME				_ _	
STREET ADDRESS			5.3 STREET	r address				
CITY-ST-ZIP			5,4 CITY-S	T-ZIP				
TITLE	 	□ DELETE	6.1 TITLE	-			Change	Addition

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 upplemental 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 open receiver or trustee empowered to execute this report as required by Chapte 607, Florida Statutes; and that my name appears in an attach nent with an address, with a lother like empowered. 14. I hereby certify that the informat of indicated on this annual leport or officer or director of the corporation Block 12 or Block 13 if chapged or

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

305- 56900 95 Daytine Phone #