

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name

P9700001588

MARKETING BUSINESS CORP.

Principal Place of Business Mailing Address

**7285 NW 12th. ST. STE.221
 MIAMI, FL. 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **10250 MILLER DR.**
 Suite, Apt. #, etc
 22 **A201**
 City & State
 23 **MIAMI, FL.**
 Zip
 24 **33165** Country
 25 **USA.**

2a. Mailing Address
 26 **10250 MILLER DR.**
 Suite, Apt. #, etc
 27 **A 201**
 City & State
 28 **MIAMI, FL.**
 Zip
 29 **33165** Country
 30 **USA**

3. Date Incorporated or Qualified
 4. FEI Number **65-0740150**
 Applied For
 Not Applicable
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ORLANDO MOLANO
 6924 S.W. 114th. PLACE UNIT F.
 MIAMI, FL. 33173**

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 607.0507 and 607.1808, 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ORLANDO MOLANO	
STREET ADDRESS	6924 SW 114th. Pl. Unit F.	
CITY- ST- ZIP	Miami, Fl. 33173	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	Daniel Arenas	
STREET ADDRESS	8930 SW 142nd. Ave. #1003	
CITY- ST- ZIP	Miami, Fl. 33186	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	Zenaida Rodriguez	
STREET ADDRESS	11257SW 88th. ST. #116G	
CITY- ST- ZIP	Miami, Fl. 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zenaida Rodriguez
23 STREET ADDRESS	11257 SW 88th. ST. #116G
24 CITY- ST- ZIP	Miami, Fl. 33176
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input 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	

5.13

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 ***150.00**

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 included on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of agent information with an address.

SIGNATURE _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)