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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018502 (9)

BLAZ-LLIT MARKETING, INC.

FILED Apr 30 1998 8:00am Secretary of State



						II III II
Principal Place of Business Mailing Address						41 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17
3571 NORTH DIXIE HIGHWAY 3571 NORTH DIXIE HIGH						
OAKLAND PARK FL 33334		OAKLAND PARK FL 33	\$334		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					02/27/1997	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0731574	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	·		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip	Country	Ζ ιρ	Country	,	8. This corporation owes or has paid the co	
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30. 10, Name and Address of New Registered	L Yes L No
		it negistered Agent	81	Name	10. Name Bild Address of New Registered	Agent
	AERILAWYER CHARTERED			MOUND		
	3 ALMERIA AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
UL	DRAL GABLES FL 33134		83			
			03	1		
			84	City		85 Zip Code
dd Diseasa i	to the providing of Continue Control	0 and 002 11.00 Class 4: 0:	1.102.45		FI	
agent. I a	am familiar with, and accept the obligations typed or posted name of registered ago				rporation submits this statement for the purpose ation's board of directors. I hereby accept the apulified when reinstating) DATE	pomiment as registered
12.	OFFICERS AND	v	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	BLAZO, JOSEPH J		1.2 NAME	ľ		
STREET ADDRESS	3571 NORTH DIXIE HIGHWAY	'	1.3 STREFT	ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY - S	1 - ZIP		
TITLE	VSTD	☐ DELETE	21 TITLE			Change Addition
NAME	LLITERAS, ANTHONY		2.2 NAME			
STREET ADDRESS	3571 NORTH DIXIE HIGHWAY	•	2.3 STREET	ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33334		2. 4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME	Í		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP		<u></u>	3.4. CITY - S	61 - ZIP		
TITLE	J	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	1		4. 2 NAME			
STREET ADDRESS	(4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T - ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
	İ					
STREET ADDRESS			5.3 STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-S	j		
		DELETE		j		Change Addition
CITY-ST-ZIP		DELETE	5.4 CITY-S	j		Change Addition
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY-S 6.1 TITLE 62 NAME	T-ZIP ADDRESS		☐ Change ☐ Addition

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 indicated on this annual report or suppliemental 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

Julia la Blaza

41-71-98 954.568-1788