

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 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 # P97000041542 (6)

1. Corporation Name
 MKARTZMARK@MIAMI INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 9935 N.W. 4655
 APARTMENT 306
 MIAMI FL 33178

Mailing Address
 9935 N.W. 4655
 APARTMENT 306
 MIAMI FL 33178

3. Date Incorporated or Qualified
 05/09/1997

2. Principal Place of Business
 21 9935 NW 46 ST
 Suite, Apt. #, etc.
 22 301
 City & State
 23 MIAMI, FL
 Zip Country
 24 33178 25 USA

2a. Mailing Address
 26 9935 NW 46 ST
 Suite, Apt. #, etc.
 27 301
 City & State
 28 MIAMI, FL
 Zip Country
 29 33178 30 USA

4. FEI Number
 65-0751190 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
 7. 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
 KARTZMARK, MARTIN J
 9935 N.W. 4655
 APARTMENT 306
 MIAMI FL 33178

10. Name and Address of New Registered Agent
 81 Name MARTIN KARTZMARK
 82 Street Address (P.O. Box Number is Not Acceptable) 9935 NW 46 ST APT 301
 83
 84 City MIAMI FL 85 Zip Code 33178

11. Pursuant to the provisions of sections 607.0500 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 *[Signature]* MARTIN KARTZMARK (PRESIDENT)
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME MARTIN S KARTZMARK
STREET ADDRESS		1.3 STREET ADDRESS 9935 NW 46 ST APT 301
CITY-ST-ZIP		1.4 CITY-ST-ZIP MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME 400002588504
STREET ADDRESS		6.3 STREET ADDRESS -07/14/98--01064--030
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***158.75

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 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. 07/06/98

SIGNATURE *[Signature]* MARTIN KARTZMARK (PRESIDENT)

CR2E034 (5/98)

Mkartzmark@Miami Inc

• 9935 NW 46 St Apt 301
Miami, FL 33178

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July 6, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Filing Officer:

I spoke to an individual in your office on July 2, 1998. I informed her that I had not received any documents from your office in the last year and was not sure what the procedure was on renewal. I expected some kind of renewal document that never arrived. As we talked she asked me to confirm my address which when compared to the address on the document it was obvious why I have not received prior documents.

She explained that starting this year it is my responsibility to obtain documents and file in a timely manner. She also indicated that I should pay the regular filing fee minus the penalty. I have followed this advice and can assure you that the new address on annual report and are now correct. I have also requested certificate of status so that I can verify that address was recorded properly.

Sincerely,



Martin Kartzmark
President