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 # P97000043052 (4)

Jan 15 1998 8:00am Secretary of State

FILED

FLORIC	da media consultants,	INC.							
Principal Plac	e of Business	Mailing Address				- 1 60014084 310 18134 18014 \$8444 8844 08141 1		VIIO I II	
2400 EAST COMMERCIAL BLVD SUITE 808 2400 EAST COMMERCIAL BLVD SUITE 808									
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308			33308			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 05/15/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26				65-0753186			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 A	Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the o	current ye	ear Inta	angible
24	25	29	30			Personal Property Tax due June 30.	Yes		No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent		
AMERILAWYER CHARTERED				B1	Name				
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL 85 Zip Code			
agent La	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida Sta tu e of Florida. Such change was eations of, Section 607.0505, Fl	les, the at authorized orida Stat	bove d by lutes.	-named corpo the corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the a	of chang ppointme	ging its ant as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (NO)	E Registered	d Ager	a signature required	d when reinstating) (DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
TITLE	PTD DELETE		1.1 1)	1.1 TITLE			C)	nange	Addition
NAME	CAMARA, MARK X		1.2 N/	1.2 NAME					
STREET ADDRESS 2400 E COMMERCIAL BLVD,			1,3 ST	1.3 STREET ADDRESS					
CITY - ST - ZIP	FORT LAUDERDALE FL 3330		1.4 CITY - 5		- ZIP				
TITLE	VALLADADED ALEV		i i	2.1 TITLE			Cr	ange	Addition
NAME	VALLADARES, ALEX			2.2 NAME		•			
STREET ADDRESS	CODT LAUDEBOALE EL 00000			2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					1 4 4 4 9 1 4 4
TOLE				3.1 TITLE			Ch	range	☐ Addilion
NAME			3.2 NA	-					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP			T] Cr		Addition
TITLE				4.1 TITLE			LJV	រកស្រិត	Addition
NAME			4.2 N	-					ı
STREET ADDRESS					ADDRESS				
CiTY-ST-ZIP		Deces		TY-ST	- ZIP				4.430
TITLE		☐ DELETE	5.1 711	-			[] Ch	ange	Addilion
			5.2 NA						ļ
STREET ADDRESS			■ 6 2 CT	REFT 4	ADDRESS 1				,

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.

5.4 CITY-ST-2IP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CIONATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Jan Ora

1/2/02

954- 424-1224

Change

Addition