

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

FILED

Apr 16 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 # **P97000050722 (2)**

1. Corporation Name
KISSIMMEE MARKETING CORP.



Principal Place of Business 10621 N. KENDALL DRIVE SUITE 206 MIAMI FL 33176	Mailing Address 10621 N. KENDALL DRIVE SUITE 206 MIAMI FL 33176
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2568 CHATHAM CIRCLE Suite, Apt. #, etc.		2a. Mailing Address 26 2568 CHATHAM CIRCLE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/09/1997
22 City & State 23 KISSIMMEE, FL Zip 24 34746 Country 25 US		27 City & State 28 KISSIMMEE, FL Zip 29 34746 Country 30 US		4. FEI Number 65-0762175 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
9. Name and Address of Current Registered Agent SANCHEZ, ANA 10621 N. KENDALL DRIVE SUITE 206 MIAMI FL 33176		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
11. Pursuant to the provisions of Sections 607.0502 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.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
SIGNATURE JOSE L. RAMOS Signature, typed or printed name of registered agent and title if applicable		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name RAMOS, JOSE L.	85 Zip Code 32812
82 Street Address (P.O. Box Number is Not Acceptable) 5381-B HOFFNER AVE.	
83 City ORLANDO, FL	

11. Pursuant to the provisions of Sections 607.0502 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 **JOSE L. RAMOS**

DATE **02/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, MIRLIAN M 10621 N. KENDALL DRIVE MIAMI FL 33176	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2568 CATHAM CIRCLE KISSIMMEE, FL 34746-5791
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Mirlian Silva Morales*

04/07/98 402381-0266

CR2E034 (10/97)