Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90082 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092476

1. Corporation Name

} }	MARKET, INC									
Principal Place	e of Rusiness	Mailing Address				-			18010 BH 1881	
11050 N.W. 17TH AVENUE 11050 N.W. 17TH AVENUE										
TIOSU N.W. 17TH AVENUE TIOSU N.W. 17TH AVENUE MIAMI FL										
						DO NOT WR		SPACE		
}	-					3. Date Incorporated or Qualifed	ı			
						10/28/1997				
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number			pplied For	
21		26				65-0790125			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional	
22	<u> </u>	27							equired	=
City & Stat	e	City & State	-			6. Election Campaign Financing			May Be	
23		28	Coun			Trust Fund Contribution			to Fees	
·	Zip Country Zip			try		8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No				
24	25		30			Personal Property Tax.	Maniatana d		LIN0	
	9. Name and Address of Curren	t Registered Agent		B1 Na	me	10. Name and Address of New	Registered /	Agent		
. NAV	ARRO, RENE PA		- 1	מון ואפ	ine.					
	CATALONIA AVE		h	B2 Sti	eet Addre	ess (P.O. Box Number is Not Accep	table)			
			1							
	TE 505		<u> </u>	B3						
COR	YAL GABLES FL		- -	B4 Cit	v			85 Zip	Code	
				1	•		FL			ŧ .
				_ـــ						
l	to the provisions of Sections 607.0503 registered agent, or both, in the State of familiar with, and accept the obligations of the section of	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	es, the ab- uthorized ida Statut	ove-nar by the o	ned corpo corporation	oration submits this statement for the n's board of directors. I hereby acce	e purpose of ept the appoir	changing its	s registered egistered	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat					oration submits this statement for the n's board of directors. I hereby access when reinstating)	e purpose of ept the appoin	changing its	s registered egistered	7
l	Signature, typed or printed name of registered agen						DATE			0
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered A	gent signs		when reinstating)	DATE			14.100
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE:	Registered A	gent signa		when reinstating)	DATE	D DIRECT	DRS IN 12	(00,77,70
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM	gent signa	iture required	when reinstating)	DATE	D DIRECT	DRS IN 12	100111111111111111111111111111111111111
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RIOS, FERMIN F \$1270 N.W. 17TH AVENUE	at and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signs E	iture required	when reinstating)	DATE	D DIRECT	DRS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RIOS, FERMIN F 11270 N.W. 17TH AVENUE MIAMI FL 33167 STD	at and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	E HE EETADDR	iture required	when reinstating)	DATE	D DIRECTO	ORS IN 12	(OCT 1) 1 COLORO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RIOS, FERMIN F 11270 N.W. 17TH AVENUE MIAMI FL 33167 STD RIOS, FERMIN F	at and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	E HE EETADDR	RESS	when reinstating)	DATE	D DIRECTO	ORS IN 12	(O) FF, FOOL OC
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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, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ZEE REQUIRED

☐ DELETE

MARCH 11/1999

Daytime Phone #

Change

Addition