## 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** # P97000099858 (7)

M/K MARKETING, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 06 1998 8:00am Secretary of State



777 NW 72ND AVE. SUITE 1008 MIAMI FL 33128		777 NW 72ND AVE. SUIT MIAMI FL 33126	777 NW 72ND AVE. SUITE 1CC8 MIAMI FL 33126		DO NOT WRITE IN THIS SF	'ACE	
	_				3. Date Incorporated or Qualified 11/24/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
21 777 N.W. 72Nd AJE. STEKCO 26 SAME						XN	ot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.					6. Certificate of Status Desired	•	Additional equired
City & State  City & State  City & State  City & State					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country S A 29 Zip (1)			Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Ag	ent	
	Lanas, Miriam M		81	Name			
777 NW 72ND AVE, SUITE 1CC6 MIAMI FL 33126			82	2 Street Address (P.O. Box Number is Not Acceptable)			
IV	11AMI FL 33120		83				
			84	City		<b>85</b> Zip (	Code
		·			FL I	,	
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 for both, in the State of Epotida 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: tyleid or printed run in discount of experient discount of discount of experient discount discount of experient discount dis							
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	PLANAS, MIRIAM		1.2 NAME				
STREET ADDRESS	4845 SW 136TH PLACE		1.3 STREET	ADDRESS			
CHY-ST-ZIP	MIAMI FL 33175		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			1
TITLE		DELETE	3.1 TITLE			Change	☐ Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			1
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		☐ DELET <b>E</b>	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
City-St-ZIP		Therese .	4.4 CITY - S	F-ZIP		1 ~	
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET	ADDRESS	14.) 3/1/00		ļ
CITY-ST-ZIP		DOLLETE	54 CITY-S	r-ZIP	fr 3/0/98	10	
TIFLE		☐ DELETE	6.1 TITLE		60000244954 <del>4</del> -03/06/9801044030	L Change	Addition
NAME			6.2 NAME		-nazn6/98n1044030		
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00		
CITY-ST-ZIP	celled that the information of the	A.S. 4 (S. 2 d. 2	6.4 CITY-S				
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 study 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 if trustee impossible 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 a fadd of							