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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90174 003 ***150.00

1999

DOCUMENT # P98000004548 1. Corporation Name

AH MAHI	KETING, INC.							
Principal Place	e of Business	Mailing Address						
	EST 143RD TERRACE	10790 SOUTHWEST 143RD TE	ERRACE					
MAMI FL 33176 MIAMI FL 33176								
			<u> </u>		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or 01/15/1998	Qualifeo		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
1	<u></u>	26			APPLIED	FOR		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status D	esired 🗆	\$8.75 A	I
2		27					Fee Rec	
City & State City & State		⊢ ′			6. Election Campaign Fi	_	\$5.00	
3		28	Causta		Trust Fund Contribution		Added to	o rees
Zip ⊐	Country	Zip	Country	1	8. This corporation owes			□No
4	25	29 3	0		Personal Property Ta 10. Name and Address			
	9 Name and Address of Current	r registered Agent	81	Name A			_	
AME	RILAWYER			41	RHUR L. KIC	HAROSO	<u> </u>	
	ALMERIA AVENUE		82		ress (P.O. Box Number is Not Acceptable)			
	AL GABLES FL 33134		83		170 3W 173	1 4 K.Z.		
		•		<u> </u>				
		•	84	MI	AMI	F		176
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	honzed by	the corporation	poration submits this statement on's board of directors. I here	nt for the purpose by accept the app	of changing its pointment as reg	registered gistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR Date Dayume Phone #