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 # P98000020952

ALTA MARKETING, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90042 019 ***150.00



Principal Place of Business Mailing Address							-	i) Baill acht	1 (1841 88) 18 14	ON OURISE SEEN CERT
8815 SOUTHWEST 96TH STREET 8815 SOUTHWEST 96TH STI										
MIAMI FL 33176 MIAMI FL 33176							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		30:1102	
							03/05/1998			
2. Principal Place of Business 2a, Mailing Address							4. FEI Number		A	Applied For
21	26						65-081 9773		N	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
22	27			. رید ست			5. Certificate of Status Desired			Required
City & State	tate City & State					····	6. Election Campaign Financing		\$5.00	0 May Be
23							Trust Fund Contribution		Added	to Fees
Zip	Country Zip			Cou	ntry		8. This corporation owes the curre	ent year Ir	ıtangible	
24 25 29 3					Total Trapelly				Yes	No
Name and Address of Current Registered Agent							10. Name and Address of New R	egistered	Agent	
ANACON ANACIO					81	Name				
AMERILAWYER					82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
343 ALMERIA AVENUE							- <u>-</u> -			
CORAL GABLES FL 33134				83						
					84	City			85 Zip	Code
						· •		<u>FL</u>	_ `	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga	da. Such change was au	l by :	the corporation	ration submits this statement for the n's board of directors. I hereby accept	ourpose of t the appo	f changing it sintment as r	ts registered registered		
Ů	realistal with, and accept the conge	200113-01	, 00011017 007.0000, 71071	ao otat						
SIGNATURE :	Signature, typed or printed name of registered age	ant and title	if applicable. (NOTE: I	Registered	Agen	t signature required	when reinstaling)	DATE		
12.	OFFICERS AI	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A	ND DIRECT	ORS IN 12
TITLE	PSTD		(DELETE	1.1 TO	TLE.				Change	e ☐ Addition
NAME ALGECIRAS, MARGRIT				1.2 NA	1.2 NAME					
STREET ADDRESS 8815 SOUTHWEST 96TH STREET				1.3 ST	1.3 STREET ADDRESS					ļ
CITY-ST-ZIP	MIAMI FL 33176			1.4 CF	TY-ST	r-ZIP				
TITLE			☐ DELETE	2.1 TIT	TLE.				Change	Addition
NAME				2.2 N	ME	Ì)
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NAME				3.2 NA	ME					
STREET ADDRESS				3.3 \$T	REET	ADDRESS				
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NAME				4 2 N	AME	İ				[
STREET ADDRESS				4.3 ST	REET	ADDRESS				ľ
CITY-ST-ZIP		_		4.4 CF	TY-ST	-ZIP				
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NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
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TITLE			☐ DELETE	6.1 T/I	le.				Change	Addition
NAME				6.2 NA	ME	}				j
STREET ADDRESS				6.3 ST	REET	ADDRESS]
CITY-ST-ZIP	and the second s			6.4 CF	TY-ST	r-ZIP				

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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #