

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

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Secretary of State

03-04-1999 90189 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #P98000067213

1. Corporation Name
MASTER TELEMARKETING, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 11373 N.W. 7TH STREET #201 MIAMI FL 33172 | 11373 N.W. 7TH STREET #201 MIAMI FL 33172 |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/31/1998 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0854638 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 2. Principal Place of Business 21 951 B SW 87 AVE | 2a. Mailing Address 26 951 B S.W 87 AVE |
| Suite, Apt. #, etc. 22 Miami FL | Suite, Apt. #, etc. 27 |
| City & State 23 33175 | City & State 28 Miami FL |
| Zip 24 | Country 25 USA |
| Zip 29 33175 | Country 30 USA |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent LEZCANO, LAZARO 11373 N.W. 7TH STREET #201 MIAMI FL 33172 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|-----------------------------------|---|--|
| TITLE D <input type="checkbox"/> DELETE | NAME SALINAS, YOLANDA | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 11373 N.W. 7TH STREET | CITY-ST-ZIP MIAMI FL 33172 | 1.2 NAME | |
| TITLE D <input type="checkbox"/> DELETE | NAME LEZANO, LAZARO | 1.3 STREET ADDRESS | |
| STREET ADDRESS 11373 N.W. 7TH STREET | CITY-ST-ZIP MIAMI FL 33172 | 1.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 2.2 NAME | |
| TITLE <input type="checkbox"/> DELETE | NAME | 2.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 3.2 NAME | |
| TITLE <input type="checkbox"/> DELETE | NAME | 3.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 4.2 NAME | |
| TITLE <input type="checkbox"/> DELETE | NAME | 4.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 5.2 NAME | |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | 6.2 NAME | |
| TITLE <input type="checkbox"/> DELETE | NAME | 6.3 STREET ADDRESS | |
| STREET ADDRESS | CITY-ST-ZIP | 6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda J. Fuller* **WJF** Date: 2/17/99 Daytime Phone #: (305) 264-5333

CR2E034 (11/98)