ID NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. JNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION NNUAL REPORT

1999



* FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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rf M	iarketing internation	IAL, INC.	•							
al Place of Business Mailing Address						1 10011461 110 10101 1814 0	MICH MASH MAHS MAISA INN		1 J unuu 1111 f	J B f
TH STREET. SUITE 5 RBOR ISLAND FL 33154			1150 98TH STREET. SUITE 5 BAY HARBOR ISLAND FL 33154			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						10/26/1998	,,,,,,			
cipal P	Place of Business	— ·	2a. Mailing Address			4. FEI Number 65-08737	13		pplied For ot Applical	
e, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desi		-	Additional equired	
& Stat	te	City & State)			Election Campaign Finan Trust Fund Contribution	cing		May Be to Fees	
	Country 25	Zip 29	30	Country		This corporation owes the Intangible Personal Property.		Yes [No.	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of N	lew Registered Ag	ent		
SIFUENTES, CARLOS 1150 98TH STREET, SUITE 5 BAY HARBOR ISLAND FL 33154				81 82 83	Name Street Ac	ddress (P.O. Box Number is Not Ac	ess (P.O. Box Number is Not Acceptable)			
				84	City		FL	85 Zip	Code	
fice or	t to the provisions of sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such cha	nge was auth	torized by	the corpor	poration submits this statement for ation's board of directors. I hereby	the purpose of chan accept the appointn	ging its re nent as re	egistered egistered	
TURE .							DATE			
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE:	13.	gent signature	required when reinstating) ADDITIONS/CHANGES TO		DIRECTO	ORS IN 12	66
	DP		ELETE	1.1 TITLE		Applification	00	Change	Addit	iñ
ì	SIFUENTES, CARLOS	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.2 NAME	-		_	,g-		CR2E034
DRESS	1150 98TH STREET, SUITE	5		1.3 STREET	ADDRES\$					<u> </u>
P				1.4 CITY-ST	-ZIP					
			ELETE	2.1 TITLE				Change	Addit	, —
	``			2.2 NAME						
DRESS	- ^		2.3 STREET ADDRESS							
Р			2.4 CITY-ST	-ZIP					_	
- !	Section		3.1 TITLE			اــ	Change	Addit	ion	
VODE OF			3.2 NAME 3.3 STREET	ADDDESS						
DRESS	•			3.4 CITY-ST						
r		<u> </u>	ELETE	4.1 TITLE	-CIF	······································		Change	Addit	ian
				4.2 NAME				, ciiga		.
DRESS	,			4.3 STREET	ADDRESS					
p				4.4 CITY-ST	-ZIP					ļ

6.4 CITY-ST-ZIP reby 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 cated on this annual report or supplemental annual report is true and acculate and that my signature shall have the same legal effect as if made under oath; that I am 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 lock 12 or Block 13 if changes, or on an attachment with an address.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DRESS

NATURE:

09-08.99

305) 864-4322

Change

Change Addition

___ Addition

FILED

Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90003 018 ***550.00