

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



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

FILED  
Aug 09, 2000 8:00 am  
Secretary of State

08-09-2000 90087 024 \*\*\*550.00

DOCUMENT # P99000064191

i. Corporation Name

IN/OUT MARKETING SERVICES

Principal Place of Business

ATTN: W. 52 Street  
Suite 201A NAME  
MIAMI FL 33166

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D CARLOS A LOPEZ ☐ DELETE

1.1 TITLE

7837 N.W. 72 AVE

1.2 NAME

MIAMI FL 33166

1.3 STREET ADDRESS

ST-ZIP

1.4 CITY-ST-ZIP

D CARLOS GALLEGOS ☐ DELETE

2.1 TITLE

69 ST N.W. 52 ST.

2.2 NAME

MIAMI FL 33166

2.3 STREET ADDRESS

ST-ZIP

2.4 CITY-ST-ZIP

☐ DELETE

3.1 TITLE

☐ DELETE

3.2 NAME

☐ DELETE

3.3 STREET ADDRESS

☐ DELETE

3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE

☐ DELETE

4.2 NAME

☐ DELETE

4.3 STREET ADDRESS

☐ DELETE

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ DELETE

5.2 NAME

☐ DELETE

5.3 STREET ADDRESS

☐ DELETE

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ DELETE

6.2 NAME

☐ DELETE

6.3 STREET ADDRESS

☐ DELETE

6.4 CITY-ST-ZIP

☐ DELETE

I hereby certify that the information supplied on 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00 (305) 591-0160  
Date Daytime Phone #

CR2E034 (11/98)

IN & OUT MARKETING SERVICES, INC.  
6955 NW 52ND ST., SUITE 201  
MIAMI, FL 33166

1111

80091847

63-1357/670

DATE

04/28/00

\$ 150.00

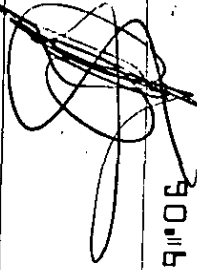
DOLLARS

PAY TO THE ORDER OF *FLORIDA DEPARTMENT OF STATE*

*ONE HUNDRED FIFTY DOLLARS*

COMMERCIAL BANK  
NATIONAL ASSOCIATION  
900 N.W. 25th Street  
Miami, Florida 33175

FOR *CERTIFICATE REPORT 2000*



⑈001111⑈ :067010509⑈ 1286003209⑈06

*Attachment*  
*79000064191*  
*0577603*