FROM : SWART BAUMRUK & CO., LLP FAX NO. : 407 947 6641

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90438 036 ***150.00

DOCUMENT # P99000075613

1. Entity Name

DEN INTERNATIONAL MARKETING, INC.

Principal Place of Business	Mailing Address
19390 COLLINS AVENUE #921 SUNNY ISLES FL 33160	19390 COLLINS AVENUE #921 SUNNY ISLES FL 33160-2279

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5823 Spruce Creek Woods Circle Suite, Apt. #, etc.	5823 Spruce Creek Woods Circle Suite, Apt. #, etc.
City & State: Port Orange	City & State: Port Orange
Zip: 32127 Country:	Zip: 32127 Country:

4. Fei Number: 65-0939800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMINO, CATHERINE M 19390 COLLINS AVENUE #921 SUNNY ISLES FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature required of printed name of registered agent and the president. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMINO, CATHERINE M 19390 COLLINS AVENUE #921 SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chairman of the Board, Director 5823 Spruce Creek Woods Circle Port Orange, FL 32127	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~V~~ S, T, D, President Michael J. Comino 5823 Spruce Creek Woods Circle Port Orange, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin Kindell V.P. 100 E. Granada Ormond Beach, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clare Comino SR. V.P. 23 SANDRA DR. ORMOND BCH, FL 32176	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Comino Michael J. Comino 4/28/00 904-760-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
President