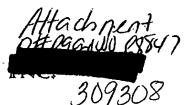
2000 UNIFORM BUSINESS REPO	RT (UBR)	8/			
DOCUMENT # P99000088847 LOW barry of Marketing Pags 1	nternation		FILED 1, 2000 a ctary of	8:00 a State	am
Principal Place of Business Avenue, Suite	. 1618-A	08-08-20	000 90013 021 *	**150.00	
SUNNY ISICS FL 33160 2. Principal Piper of Bysings 3. Mailing Address 3. Mailing Address					
Suite-Apt. #, etc.		DO NOT WRITE	IN THIS SPACE		
Scity & State Scity & State City & State Zip Zip	Country	5. Certificate of Status Desired	. V ~ -		
6. Name and Address of Current Registered Agent	Name Name	7. Name and Address of New Reg	istered Agent		
19390 Collins/Ave, Apt 1618-A	Street Address	(P.O. Box Number is Not Acceptable)			
Sunny Isles AFL 33160	City		FL Zip Code	9	
8. The above namedentity submittathis statement for the purpose of changing its	registered office or registe	ired agent, or both, in the State of Florid	la.		
	E. Registered Agent signature require	d when reinstating)	DATE		
(See criteria on back)	100 Fee will be \$550.00 ble to Department of St	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICE	☐ Added	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS Delete Delete AVC # 1619 - A	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OF [MALES TO OFFICE	☐ Change		CR2E034 (9/99)
TITLE SUMMY 15 CS T 53160 Delete NAME STREET ADDRESS JOOGNAM PESSES.	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	S
TITLE SUMMY IS LES FL 33160 Delete STREET ADDRESS SCATTOMY Treasures	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	<u>=</u>
CITY-ST-ZIP Elsa Kedslet TITLE 1939 Collins Ave # 1618-ADelete NAME STREET ADDRESS SUNNY ISLES, FL 33460	CITY-SI-ZIP TITLE NAME STREET ADDRESS		Change .	Addition	
CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP TITLE MAME STREET ADDRESS		☐ Change	Addition	
I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.	ny signature shall have the as required by Chapter 60				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Oate	Deytime Phone #		





UNIFORM BUSINESS REPORT Division of Corporations P.O.Box 1500 Tallahassee, FL 32302-1500

Ref.: Company of Marketing Pass International, Inc.

August 01,2000

Dear Sir, Madame,

regard

Please find attached check for the amount of \$150.00

Please note that we did not receive the report until last month and we were on a business trip until last Monday.

Please update your records accordingly.

We thank you for your assistance.

C.C. File