

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 29 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S26045 (2)
1. Corporation Name
NEW MARKETING DIMENSIONS I, INC.

Principal Place of Business Mailing Address

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 19030 NW 65 CT
22 Suite, Apt. #, etc.
23 City & State MIAMI FL
24 Zip 33015 25 Country USA
26 Mailing Address
27 Suite, Apt. #, etc. #2
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified 01/18/1991
3a. Date of Last Report 03/07/1996
4. FEI Number 65-0243248
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARDENAS, RAFAEL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 19030 NW 65 CT

84 City MIAMI

85 FL

86 Zip Code 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME CARDENAS, RAFAEL
STREET ADDRESS 19030 NW 65 CT
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE PD
NAME CARDENAS, DENNISSE
STREET ADDRESS 19030 NW 65 CT
CITY-ST-ZIP MIAMI FL 33015

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary Treasurer
1.2 NAME RAFAEL CARDENAS
1.3 STREET ADDRESS 19030 NW 65 CT
1.4 CITY-ST-ZIP MIAMI FL 33015

☒ Change ☐ Addition

2.1 TITLE President
2.2 NAME DENNISSE CARDENAS
2.3 STREET ADDRESS 19030 NW 65 CT
2.4 CITY-ST-ZIP MIAMI FL 33015

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

CR2E034 (4/97)

②

Miami, August 1, 1997

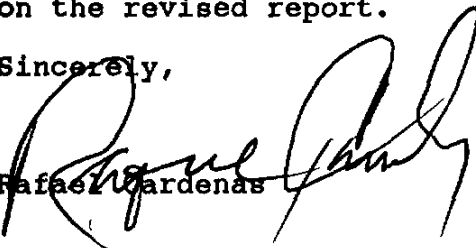
Division of corporations
Annual Reports Section
P O Box 1500
Tallahassee, Fl 32302-1500

Gentlemen:

Due to a change on my address I was not able to receive the
1997 Annual Report of my corporation on time.

Please abate the penalty and correct the information as shown
on the revised report.

Sincerely,


Rafael Uardenas