PROFIT CORPORATION ANNUAL REPORT <b>1998</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division OF CORPORATIONS		FILED Feb 09 1998 8:00am Secretary of State		
		S28847	(9)				
	EWOOD MARKE	TING, INC.					
Principal Place	a of Business	Mail	ing Address	· · · · · · · · · · · · · · · · · · ·			
1100 PONCE DE LEON BLVD 9920 COLLINS AVENUE CORAL GABLES FL 33134 SUITE 19							
	E0 FL 00/04		L HARBOUR FL 33154			IN THIS SPACE	
					3. Date Incorporated or Qualified 01/31/1991		
2. Principal Place of Business		28. 1	2a. Mailing Address		4. FEI Number		plied For
Suite, Apt	#, etc	26	Suita, Apt. #, etc.		65-0248451	¢9.75	t Applicable
2		27			5. Certificate of Status Desired	Fee Re	quired
City & State	)	28	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00	
Ζφ	Coun		Zφ	Country	8. This corporation owes or has pa		
	25 9. Name and Add	29] ress of Current Registe	ared Agent	30	Personal Property Tax due June 10. Name and Address of New Re		No
CO				60			
	o the provisions of Se egistered agont, or bo m familiar with, and ac	ctions 607,0502 and 60 th, in the State of Florida cept the oblightions of,	7. 1508, Florida Statut Such change was a Section 607.0505, Flo	83 84 City 25, the above-named cor uthorized by the corpora rida Statules.	poration submits this statement for the p ation's board of directors. I hereby accep	FLII	Code s registered registered
1. Pursuant t office or re agent 1 ar SIGNATURE		ctions 607.0502 and 60 ith, in the State of Florida could the oblightions of, no of experience agent and the st		84 City ss, the above-named cor uthorized by the corpora rida Statutes.	uired when reinstating)	PL burpose of changing it the appointment as	s registered registered
<ol> <li>Pursuant t office or re agent 1 ar</li> <li>SIGNATURE</li> <li>2.</li> </ol>	Signatore, typed or protect na		uppleable (NOIE IORS	84 City es, the above-named cor uthorized by the corpora rida Statules.		PL burpose of changing it the appointment as	s registered registered
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1. Pursuant t office or re agent 1 ar SIGNATURE 1. 2. ITLE AME TREET ADORESS	PD COMBS, WILHEL 9920 COLUNS /	IN OFFICE RS AND DIRECT	uppleable (NOIE IORS	84         City           ss, the above-named corruthorized by the corporative of the co	uired when reinstating)	DATE DATE CERS AND DIRECTOR	s registered registered S IN 12
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Pursuant t office or re ageni 1 ar IGNATURE     .      .	PD COMBS, WILHEL 9920 COLLINS / BAL HARBOUR SD COMBS, BROWI 9920 COLLINS /	ns of registered agont and the of OFFICE RS AND DIRECT MINA AVENUE, #19 FL 33154 VELL AVENUE, #19	orgalia induce (NGOTE COFRS DELETTE	84     City       B3     City         Projected by the corporative required Statutes.         Registered Agent signature required       13       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 City - St-ZiP       2 1 TITLE       2 2 NAME       2 3 STREET ADDRESS	uired when reinstating)	DATE DATE DATE CERS AND DIRECTOR	s registered registered S IN 12
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