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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S45147

(3)

MARKETING-IMPORTING-CONSULTING, INC.

APPROVED

1997 SEP 26 AM 9: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	ce of Business	Mailing Address	·						
8130 A1A. S									
D-14 D-14									
51. AUGUST	INE FL 32086-8341	ST. AUGUSTINE FL 320	066-8341			DO NOT WRITE			
						3. Date Incorporated or Qualified	3a. Date		• 1
2 Principal F	Place of Business	2a. Mailing Address			·	04/15/1991 4. FEI Number	1 05/0	1/1996	
21	Tagg of Sagrings	26				59-3061752			oplied For of Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						\$8.75	
22		27				5. Certificate of Status Desired		Fee Re	
City & Star	te	City & State	City & State			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cour	Country		8. This corporation owes or has pa	id the currer	nt year Int	angible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🥻 No			
ļ	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
	ART, JOHN D.		1	31 Nar	ne				
8130 A1A, SOUTH, D-14				32 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)			
j Si	7. AUGUSTINE FL 32084								
			'	33					
			ļī.	4 City	,			85 Zip (Code
44 D	1- Al-	1607.4160.5							
onice or i	to the provisions of Sections 607.050 registered agont, or both, in the State am familiar with, and accept the obligations are continuous control of the college co	of Florida. Such change was	authorized	by the c	ea corpo corporatio	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chat the appoint	anging its Iment as	s registered registered
SIGNATURE									İ
<u></u>	Signature, typed or printed name of registered age			Agent signa	iture requirer	d when reinstating)	DATE		
12. TITLE				13.		ADDITIONS/CHANGES TO OFFIC			
NAME	HART, JOHN D.	[] Nete LE	1.1 TITE				L] Change	Addition }
	8130 A1A, SOUTH, D-14		1.2 NAN			4000023	093	94-	"P"
STREET ADDRESS	ST. AUGUSTINE FL		1	ET ADDRES	×S	4000023 -10/01/9	7011	120	04
CITY-ST-ZIP TITLE	V	DELETE		-ST-ZIP		****550	.00 *	Change	0.00
NAME	SCHAFFER, GREGORY A	☐ Mittit	2.1 TITL					/ Change	Addition
STREET ADDRESS	CARRERA 16B15 NO 148-15		2.2 NAN		.				
	BOGOTA CO			ET ADDRES	is				·
CITY-ST-ZIP TITLE	ST	DELETE	2. 4 CIT	/ - \$1 - ZIP				Chares	1 1 2 2 2 2 2 2
NAME	HART, CAROLYN F.							J Change	☐ Addition
STREET ADDRESS	6824 GOOBY'S TRACE RD		3.2 NAM		,,				
CITY-ST-ZIP	JACKSONVILLE FL		1	ET ADDRES	.5				ĺ
TITLE		DELETE	4.1 Till	′-ST-Z∤P				Change	Addition
NAME T			4.3 HILS				L	Change	Modition
STREET ADDRESS				r Et addres	· .				
CITY-ST-ZIAL					9				1
TITLE		DELETE	5.1 TITLE	<u>- 51 - ZIP</u>				Change	Addition
NAME		hand was the	5.2 NAM					Ollande	☐ Vanillou
STREET ADDRESS				Et addres					
CITY-ST-ZIP					٥				_
TITLE		DELETE	5 4 CITY 6 1 TITLE					Change	Milditide
NAME			6.2 NAM				u	~~;(T)Y	C. Parindi
STREET ADDRESS				: E1 addres	s			NYI	الكل
CITY-ST-ZIP			6.4 CITY		Ĭ			ा,	-
			U.4 (A11)	21.51	1				

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 armual 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 afactment with an address.