FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

S52695

(1)

RHAPSODY	ADVERTISING	R	TELEMARKETING TEAL	M. INC.
	AUTERNIONS	u	TELETALADUE LING LEVI	VI. HVL



Principal Place of Business Mailing Address													
3525 NW 7 ST. 3525 NW 7 ST.													
MIAMI FL				MIAMI FL 33125									
									3.	Date Incorporated or Qualified 05/15/1991	3a. Date of 03	Last F /23/1	
2. Principal Pl	lace of Busin	ess	2a.	Mailing Address					4.	FEI Number			Applied For
		26					65-0425945				Not Applicable		
		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	_		Additional Required		
City & State				City & State				6.	Election Campaign Financing		\$5.0	0 May Be	
23 Zip		Country	28							Trust Fund Contribution	LJ	Adde	d to Fees
24		25	29	Zip Count			f		8. This corporation has liability for intangible tax under s 199.03				
<u> </u>	9. Name	and Address of Cu		30			<u>-</u>	Florida Statutes Yes No 10. Name and Address of New Registered Agent					
						81	Τ	Name	10.	Name and Address of New Re	gistered Age	ent	· · · · · · · · · · · · · · · · · · ·
DIAZ	JORGE L						l						
	NW 7 ST.					82	: ا	Street Address	s (P.0	D. Box Number is Not Acceptable)		
	FL 33125					83	 	····					
1718 4110							L						
						84	'	City			FL	5 Z)	p Code
11. Pursuant t	to the provisi	ons of Sections 607.0	502 and 607	7.1508, Florida Stati	utes, th	e above r	L nar	med corporation	on su	bmits this statement for the purp		no its r	enistered office
o, regioto.	or agone, or	both, in the State of F pt the obligations of, S	IUHUEL GUUL	CHANGE WAS BUILD	nzeu ov	the corp	ora	ation's board	of dir	comits this statement for the purplectors. I hereby accept the appoi	ntment as reg	istered	agent. I am
SIGNATURE													
	Signature, typod	or printed name of registered a	gert and tile if a	ppicable (NOIL Re	yistered Agen	nt s	gnature required wh	hen rein	islating!	DATE		
12.	T 88	OFFICERS	AND DIFIE C			13.			- /	ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTO	RS IN 12
TITLE	PD	**************************************		DELETE		1. 1 TITLE						hange	Addition Addition
NAME		INEZ, LOURDES				1.2 NAME							i
	STREET ADDRESS 3525 N.W. 7TH ST.			1.3 STREET ADDR		DDRESS							
CITY-S1-ZIP	MIAM	FL 33125		FT) DOLLAR		1.4 CITY - S	1-2	ZIP					
TITLE NAME				[] DECEIE	DELETE 2 1 TITLE						hange	☐ Addition	
STREET ADDRESS					1	2.2 NAME							
CITY-ST-Z-P				2 3 STREET ADDRESS									
TITLE	ļ			T DELETE	24 CRY+ST-ZIP DELETE 3 1 TITLE			ZIP			F1.0		TT Addition
NAME						3 2 NAME		j				nange	Addition
STREET ADDRESS						3.3. STREET		nness					
CITY-ST-ZIP						3.4 CITY-S							ļ
TITLE	<u> </u>			DELETE		4. 1 TITLE					ПС	hande	Addition
NAME						4.2 NAME					L ·	- 9*	
STREET ADDRESS					ŀ	4.3 STREET	ADI	IDRESS					ĺ
CITY-ST-ZIP						4.4 CITY-S							
TITLE				☐ DELETE		5. 1 TITLE					Пс	hange	Addition
NAME						5 2 NAME						-	
STREET ADDRESS						5 3 STREET	ADI	DRESS					
CITY-ST-ZIP						5 4 CITY-SI	1-7	7iP					
TITLE				[]] DELETE		6. 1 1:TLF						nange	☐ Addition
NAME						6.2 NAME							İ
STREET ADDRESS						63 STREET	ADI	DRESS					
CITY-ST-ZIP				. — —		6 4 CITY - \$1	I - Z	!IP					
••• I do nereby	y certify that	ine intermation supplie	ea with this fi	⊫na is voluntarily fur	rnished.	and does	i n	ot ouality for th	ha av	emption stated in Section 119.03	(2)(ld) Florida	Chala	- 177

4. For hereby certify that the information supplied with this thing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I further certify that the information is licated 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 the head of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

NATIONAL OF FRINTED NAME OF SAGINALS OFFICER OR D

LOURDES MARTINEZ

1/38/8C

044-9222