

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V29612

(1)

1. Corporation Name

START ADVERTISING, INC.

FILED
95 JUL 25 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**2932 ROYAL PALM DRIVE
COSTA MESA CA 92626**

Mailing Address

**2932 ROYAL PALM DR.
COSTA MESA CA 92626
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1992

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0333946

Applied For

☐ Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DEL VALLE, JUAN M
7910 NW 66TH STREET
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (Printed Name of Registered Agent and their Association)

(NOTE: Registered Agent signature required when incorporating)

(DATE)

12. OFFICERS AND DIRECTORS

12. TITLE: **P**
NAME: **ZILVETI-CANEL, MACARENA**
STREET ADDRESS: **2932 ROYAL PALM DR.**
CITY, ST, ZIP: **COSTA MESA CA**

13. TITLE: **ST**
NAME: **MENENDEZ, FAUSTINO CANEL**
STREET ADDRESS: **2932 ROYAL PALM DR.**
CITY, ST, ZIP: **COSTA MESA CA**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE: _____ ☐ Change ☐ Addition
15 NAME: _____
16 STREET ADDRESS: _____
17 CITY, ST, ZIP: _____

18 TITLE: _____ ☐ Change ☐ Addition
19 NAME: _____
20 STREET ADDRESS: _____
21 CITY, ST, ZIP: _____

22 TITLE: _____ ☐ Change ☐ Addition
23 NAME: _____
24 STREET ADDRESS: _____
25 CITY, ST, ZIP: _____

26 TITLE: _____ ☐ Change ☐ Addition
27 NAME: _____
28 STREET ADDRESS: _____
29 CITY, ST, ZIP: _____

30 TITLE: _____ ☐ Change ☐ Addition
31 NAME: _____
32 STREET ADDRESS: _____
33 CITY, ST, ZIP: _____

34 TITLE: _____ ☐ Change ☐ Addition
35 NAME: _____
36 STREET ADDRESS: _____
37 CITY, ST, ZIP: _____

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this information included 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 liquidator empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95 **714-434-0478**