

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 31 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V42706 (4)

1. Corporation Name
MARKETMAKERS, INC.



Principal Place of Business 8312 NW 14TH STREET MIAMI FL 33126 US	Mailing Address P. O. BOX 526466 MIAMI FL 33152-6466 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1992
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0379296
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NOVITSKI, JOSEPH 5891 SW 81 STREET MIAMI FL 33143-8209				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVITSKI, JOSEPH	1.2 NAME	
STREET ADDRESS	5891 SW 81 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVITSKI, PAULA	2.2 NAME	
STREET ADDRESS	5891 S.W. 81ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, BRIAN J	3.2 NAME	
STREET ADDRESS	3680 NW 73RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100002605501
STREET ADDRESS		5.3 STREET ADDRESS	-08/03/98--01076--050
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: *[Signature]* 7/1/1998 205 594-1784

CR2E034 (5/98)

MARKETMAKERS, INC.



CUSTOMHOUSE BROKERAGE • FREIGHT CONSOLIDATION & FORWARDING
email:marketm@marketmakers.com

P.O. BOX 52-6466
MIAMI, FL 33152
TEL. 305/594-1284
FAX. 305/594-1285

20 July, 1998

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6237
Tallahassee, FL - 32314

Re: Annual report

Your ref: Letter number: 198A00036859

Dear Sirs:

This letter will request a reconsideration of the decision announced in your letter dated July 10th on the grounds that follow. This company requests that you accept our annual report as timely filed.

Your first mailing did not reach this company, or Agrowconsult, Inc., my other company. The first request to file came with a late notice and a penalty fee. When an employec telephoned immediately to ask why, your staff said the late notice was a mistake and instructed us to file right away with the normal annual fee. All three companies did this.

Your records will show that we have never missed an annual report filing deadline.

Thank you in advance for your consideration.

Sincerely

Joseph Novitski
President