## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Corporation	MENT # <b>V44349</b> MARKETING GROUP, INC.				02-17-1999	90001 041 ***		
Principal Plac	e of Business	Mailing Address					BY BY A BEBY I BIB'II	Allant stant tä Al
7158 SW 47TH	I ST.	7158 SW 47TH ST.		}				
MIAMI FL 3315	55	MIAMI FL 33155						
US		US		-		WRITE IN THIS	S SPACE	
					<ol> <li>Date incorporated or Qu 06/15/1992</li> </ol>	alifed		
	lace of Business	2a. Mailing Address			4. FEI Number			plied For
26 Suite Act # etc					65-0333138			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desi	red 🗌	\$8.75 / Fee Re		
City & Stat	20	City & State						<del> </del>
<b>⊢</b> ′	e	28			<ol><li>Election Campaign Fina Trust Fund Contribution</li></ol>	ncing 🗆	\$5.00 Added 1	•
Zip	Country	Zip	Country	<del> -</del>				
24	25	——————————————————————————————————————	30		<ol><li>This corporation owes the Personal Property Tax.</li></ol>	e current year in	Yes	□No
24	9. Name and Address of Curren		301		10. Name and Address of	New Registered		
			81 Nam	-				
	DRIGUEZ, MARIA MARIN		82 Stree		(P.O. Box Number is Not A			
7441 SW-74 AVE.			62   Stree	et Address	(P.O. Box Number is Not A	cceptable)		in war too.
MIAI	MI FL 33143		83		13 731 140,453	16535 3120		
			24 00		111151111111111111111111111111111111111	177 开车到196	\$ 12 78 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1711 MA 144.
			84 City			FL	85 Zip (	Code.
Ti ruisuani	to the provisions of Sections 607.0502							
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was au tions of, Section 607.0505, Flori	rthorized by the cor ida Statutes.	rporation's	board of directors. I hereby	accept the appo	intment as re	gistered
agent. I a	rn familiar with, and accept the obligat  Signature, typed or printed name of registered agen  OFFICERS AN	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE:	thorized by the cor	rporation's	board of directors. I hereby	accept the appo	intment as re	gistered
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP