

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PH 1:17

DOCUMENT # L08715 (9)

1. Corporation Name

TICKET CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**% NESTOR D. CULOTTA
711 NW 23RD AVE OF 304
MIAMI FL 33125**

Mailing Address

**% NESTOR D. CULOTTA
711 NW 23RD AVE OF 304
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0128153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21 100 S. BISCAYNE BLVD.

2a. Mailing Address

26 100 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1111

27 1111

City & State

23 MIAMI FL 33131

City & State

28 MIAMI FLORIDA

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CULOTTA, NESTOR D.
711 NW 23RD AVE
SUITE 304
MIAMI FL 33125**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CULOTTA, NESTOR D.
711 NW 23RD AVE 304
MIAMI FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition
**100 S. BISCAYNE BLVD.
MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CULOTTA, ADRIANA
711 NW 23RD AVE 304
MIAMI FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☒ Change ☐ Addition
**100 S. BISCAYNE BLVD.
MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA CULOTTA

4-21-95

(305) 5360616