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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90017 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075158

1. Corporation Name
ADVENTURE ADVERTISING, INC.

Principal Place of Business
2445 LAKE PANCOAST DR
SUITE N
MIAMI BEACH FL 33140

Mailing Address
2445 LAKE PANCOAST DR
SUITE N
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/29/1997

4. FEI Number
65-0777790

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 524 OCEAN DRIVE
Suite, Apt. #, etc. 22 302

2a. Mailing Address
26 937 MICHIGAN AVE
Suite, Apt. #, etc. 27 3

City & State
23 MIAMI BEACH-FL
Zip 24 33139 Country 25 FL

City & State
28 MIAMI BEACH-FL
Zip 29 33139 Country 30 USA

9. Name and Address of Current Registered Agent

PORTES, CAIO G
937 MICHIGAN AVE
MIAMI BEACH FL 33139

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 CAIO G. PORTES 4. 29. 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for DP NICOLAEVSKI, GISELE and DV PORTES, CAIO G.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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.

SIGNATURE: CAIO G. PORTES 4. 29. 1999 305 534 1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)