

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 JUL 28 PM 1:13**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # 623776 (2)**

1. Corporation Name

**AMERICAN ENTERTAINMENT ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**C/O DIAMOND BULLET  
930 WASHINGTON AVE.  
MIAMI BEACH FL 33139**

**C/O DIAMOND BULLET  
930 WASHINGTON AVE.  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/01/1979**

**05/01/1994**

4. FEI Number

Applied For

**59-1906972**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Has this Corporation been  
found to be insolvent?

☐

**\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRASSNER, BRAD L  
930 WASHINGTON AVENUE  
5TH FLOOR  
MIAMI BEACH FL 33139**

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

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>PD</b>                  |
| NAME           | <b>KRASSNER, BRAD LEE</b>  |
| STREET ADDRESS | <b>930 WASHINGTON AVE.</b> |
| CITY, ST, ZIP  | <b>MIAMI BEACH FL</b>      |
| 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  |                            |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |                                                                   |
| 13. STREET ADDRESS |                                                                   |
| 14. CITY, ST, ZIP  |                                                                   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                                                                   |
| 24. CITY, ST, ZIP  |                                                                   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |                                                                   |
| 33. STREET ADDRESS |                                                                   |
| 34. CITY, ST, ZIP  |                                                                   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |                                                                   |
| 43. STREET ADDRESS |                                                                   |
| 44. CITY, ST, ZIP  |                                                                   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |                                                                   |
| 53. STREET ADDRESS |                                                                   |
| 54. CITY, ST, ZIP  |                                                                   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |                                                                   |
| 63. STREET ADDRESS |                                                                   |
| 64. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1.10 (17)(9)(b) 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 of this report, or on an attachment with an address.

**SIGNATURE:**

*[Signature]*

**Brad L. Krassner**

**7/20/95 305/532-1566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(Signature Number)