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May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 625154 (0)  
1. Corporation Name  
PROMOTIONS INC.

Principal Place of Business  
1000 PONCE DE LEON BLVD  
#325  
CORAL GABLES FL 33134

Mailing Address  
4371 S.W. 15 STREET  
MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1979	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEL PINO, ISABEL P 4371 S.W. 15 ST. MIAMI FL 33134				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 reinstating)					
DATE 4/1/98					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	
NAME	DEL PINO, ISABEL R	1.2 NAME	
STREET ADDRESS	4371 SW 15 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ALLEN, KARL	2.2 NAME	
STREET ADDRESS	4371 SW 15 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ALLEN, JANE E.	3.2 NAME	
STREET ADDRESS	4371 SW 15 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 on an attachment with an address.

SIGNATURE: [Signature] 4/1/98 (302) 445-2433

CR2E034 (10/97)