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

PROFIT Apr 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 673261 SPECIAL EVENTS, INC. Principal Place of Business Mailing Address 1177 KANE CONCOURSE #231 1177 KANE CONCOURSE #231 **BAY HARBOR FL 33154 BAY HARBOR FL 33154** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2300712 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOLF, SHIRLEY ESQ. 2710 DOUGLAS RD 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33133-9728 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE X Change Addition NAME TARAN, ADAM S. 1.2 NAME 16632-SW-16TH STREET 1520 DAYTONIA ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH, FL 33141 PEMBROKE PINES FL--CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition TARAN, ROBERT S NAME 2.2 NAME **1520 DAYTONIA RD** STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH, FL 00000 CITY-ST-ZIP 2.4 CITY - ST - ZIP SD DELETE TITLE ☐ Change Addition 3.1 TITLE TARAN, CAROLE K NAME 3.2 NAME 1520 DAYTONIA RD STREET ADDRESS 3.3 STREET ADDRESS MIAMI BCH, FL 00000 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 aprival 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

ROBERT S. TARAN

FILED

) 865-0363

4/21/98