FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITEÖ PARTNERSHIP ÁNNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

na. DOCUMENT # **A9400001032**

COMPASS ENTERTAINMENT GROUP/BRIDAL SHOW LIMITED

FILED 97 FEB 14, AN II: 36

SECRETARY OF STATE



9. Name and Address of Current Registered Agent OLLE, DENNIS J ESQUIRE OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI FL 33131 City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMESTERED AND ACTIVE WITH THIS OFFICE. Registration R	KINERSHIP	9	1.AR	\sim					
2. Mailing Acidross 28. Principal Office Address FL Suite, Apt. 4, etc. To country To	1205 THIRD AVENUE	1402 MIAMI CENTER		3		\$100,000.00 5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Actionss 2a. Principal Office Address FL Suite, Apt. #, etc. City & State To Country Zip Country Zip Country To Cou	TONE HARBOR NJ 08247				05/13/1996				
City & State City & State City & State Country Countr	Mailing Address	28. Principal Office Address				492,000			
City & State Cry & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country To Country Registered Agent To Certificate of Status Desired Set. 75 Addition Para Perquired To ULE, DENNIS J ESQUIRE OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI FL 33131 City The Desired Address (P.O. Box Number is Not Accepting Winks [19], 25 ******191, 25 *******191, 25 *******191, 25 *******191, 25 ********191, 25 ***********************************	ite, Apt. #, etc.	Suite, Apt. #, etc.		E	= =				
Zip Country Zip Country 8. Make check payable to: Dept of State (See reverse side for fee Information of Page 1997) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office Name 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office Name 10. If changed, new Registered Agent/Office 11. Suite, Apt. 4, etc. Street Address (P.O. Box Number is Not Accept the Agent/Office State the state of Point Agent Agent Agent Accept the Agent	ty & State	City & State		7		- Total photos			
9, Name and Address of Current Registered Agent OLLE, DENNIS J ESQUIRE OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI FL 33131 Street Address (P.O. Box Number is Not Accepta **** **** **** *** *** *** *** *** **	o Country	Zip	Zip Country					tion)	
OLLE, DENNIS J ESQUIRE OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI FL 33131 Total Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state of the purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 P94000054829									
OLLE, DENNIS J ESQUIRE OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD MIAMI FL 33131 The standard of the purpose of changing its registered office or registered agont, or both, in the State of Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMESTER AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Number) COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 Street Address (P.O. Box Number is Not Accepting Mix # 191 . 25 ***********************************	9, Name and Address of Current Registered Agent								
10a. Pursuant to the provisions of sections 620, 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent. I am familiar with, and accept the obligations of section 620, 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 P94000054829	OLLE, MACAULAY & ZORRILLA, P.A. 1402 MIAMI CENTER, 201 S. BISCAYNE BLVD		Name 9000020968898 -n2/25/9701090012						
MIAMI FL 33131 City City FL Zip Code Toda. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 P94000054829 P94000054829			Street Address (P.O. Box Number Is Not Accept 製作本191, 25 本非本191, 25				****191.25		
10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agont Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTOMINATIVE (Registered Agont Accepting Appointment). Address of Each General Partner 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number 11document Number			Suite, Apt. #, etc.						
tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was euthorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIONATED BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 P94000054829	MIAMI PL 33131		City		FL Zip Code				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTINGED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s)	for the purpose of changing its registered agent. I am familiar with, and accept the o	or registered agont, or both, in the State of Flo ions of section 620.192, Florida Statutes.			rized by its general partner(s). I he	ereby accept the			
11. Name(s) of General Parliner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Pegistration/Document Number COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20 MIAMI FL 33131 P94000054829 SIGN State & Zip Code 11c. Pegistration/Document Number P94000054829			LIMITED ND ACTIV	PARTN E WITH			NESS ENTIT	Y	
900002096889		11a. (Do NOT Use Post Office I	ral Partner Box Numbers)						
90002096889\\ -02/25/9701090013\\ ******87,50 ******87.50	COMPASS ENTERTAINMENT GROUP, 1402 MIAMI CENTER, 20		MIAMI FL 33131		P94000054829		(96/9)		
					900002 -02/25 *****	0966 /9701 87,50	3696 090013 *****87.50	CR2E003 (6/96)	
	•					ľ			
	1				•				
	•		}					1	
Note: General partners MAY NOT be changed on this form; an amendment must be flied to change a general partn	ote: General partners MA	OT be changed on this for	m; an ame	ndment	t must be filed to ch	nange a g	eneral partner		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicate this annual report is true and accurate and that my eignature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or empowered to execute this report of execute this report of the limited partnership. For exercising that I am a General Partner of the limited partnership, receiver or empowered to execute this report of the limited partnership.	Corporations from any liability of non-compli- this annual report is true and accurate and the	with Section 119.07(3)(k) in the event that the y signature shall have the same legal effects a	Information suppli	ed is deeme	d exempt from public access. I fur	ther certify that t	he information indicated		

....

Daytime Telephone Number