

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006109 (1)

1. Corporation Name

JAF EVENT MANAGEMENT, INC.



Principal Place of Business

Mailing Address

201 CRANDON #632
KEY BISCAYNE FL 33149

201 CRANDON #632
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7960 SW 167 St

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~201 CRANDON~~

27

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 55137

25 Dade

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREUDENBERG, JAMES A
201 CRANDON #632
KEY BISCAYNE FL 33149

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

Signature of person authorized to change registered agent and then appoint a new agent.

NOTE: Registered Agent signature required when resigning.

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☒ DELETE
NAME FREUDENBERG, JAMES A
STREET ADDRESS 201 CRANDON #632
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE CV ☒ DELETE
NAME SPILIADIS, CYNTHIA M
STREET ADDRESS 201 CRANDON #632
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE CEO ☒ Change ☐ Addition
1.2 NAME FREUDENBERG, JAMES A.
1.3 STREET ADDRESS 7960 SW 167 St
1.4 CITY-ST-ZIP Miami, FL 33157

2.1 TITLE V.P. ☒ Change ☐ Addition
2.2 NAME CYNTHIA M. FREUDENBERG
2.3 STREET ADDRESS 7960 SW 167 St
2.4 CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

14. 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

305-234-2923

CR2E034 (3/96)