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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G34339

(3)

PROMOCIONES DEPORTIVAS, INC.

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Feb 06 1	998	8:00am
Secreta	ary o	of State

Principal Place of Business Mailing Address 1334 S.W. 1ST. STREET 1334 S.W. 1ST. STREET MIAMI FL 33135 MIAMI FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2273085 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FLORES, RAMON M 1334 S.W. 1ST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33135 83 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE FLORES, RAMON MARCELO NAME 1.2 NAME STREET ADDFESS 1334 S.W. 1ST STREET 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE VS 2.1 TITLE CHANG, DORIS NAME 2.2 NAME **1334 S.W. 1ST STREET** 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ___ DELETE 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 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

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 by on an attachment with an address.

SIGNATURE:

CITY - ST - ZIP

WATCRE BEQUIDED

6088.878.205 BP-0E- WAT

CR2E034 (10/97)