

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G42603**

(2)

1. Corporation Name

CHALLENGER GAMES, INC.



Principal Place of Business

**4519 SW 75 AVE
MIAMI FL 33155
US**

Mailing Address

**4519 SW 75 AVE
MIAMI FL 33155
US**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VILLIERS, LUIS DE
2891 SW 128TH AVE
MIAMI FL 33175**

3. Date Incorporated or Qualified

05/31/1983

3a. Date of Last Report

04/24/1995

4. FIC Number

59-2341264

Applied For

Not Applicable

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.01(2) and 607.15(8), 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. Thereby, we accept the appointment as registered agent. I am familiar with, and accept the obligations of, the new registered agent, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

PT

☐ DELETE

NAME

DE VILLIERS, LUIS

STREET ADDRESS

2350 S.W. 22ND TERRACE

CITY, ST, ZIP

MIAMI FL

TITLE

S

☐ DELETE

NAME

PEREZ, PEDRO

STREET ADDRESS

2350 S.W. 22ND TERRACE

CITY, ST, ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied in this report is true and correct, for the information stated in Section 193.07(3)(g), Florida Statutes. I further certify that the information made available to the public is true and correct, 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, and that the corporation is duly organized and exists in the state of Florida, Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 14 in change of the corporation's officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS DE VILLIERS

305-264-6174

CR2E034 (12/95)