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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

CHALLENGER GAMES, INC.

lailing Address	4 contitt fålt fillig tenen nittt dålde

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					a concess dater diden ernen neter nation erter grant grant grant grant grant denter Real i 1907						
4518 SW 75 AVE					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
				05/31/1983							
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Applied For		
नी		26					59-2341264		Not Applicable		
Suite, Apt. #, 6	Suite, Apt. #, etc. Suite, Apt. #, etc.		c.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
Zip 14	Country 25	Zip 29				6.	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent ye Yes			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent								
	RS, LUIS DE			81	Name						
2891 SW 128TH AVE MIAMI FL 33175				82	Street Address (P.O. Box Number is Not Acceptable)						
11.00 WIN				83							
				84	City		F	85	Zip Code		
office or regis	ne provisions of Sections 607.6 sterod agent, or both, in the St amiliar with, and accept the ob	ate of Florida. Such change	was authorize	d by	the corporation	ation	n submits this statement for the purpose poard of directors. I hereby accept the ap	of chang pointme	ging its registered int as registered		

office or re agent. I an	egistered agent, or both, in the State of Florida. Such on familiar with, and accept the obligations of, Section	change was aut 607.05 <mark>05, Flori</mark> d	horized by the corpo da Statutes.	pration's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	WOTE 6	Registered Agent signature n	equired when reinstating) DA	TE	
12.	OFFICERS AND DIRECTORS	(NOTE F	13.	ADDITIONS/CHANGES TO OFFICERS		IS IN 12
TITLE		DELETE	1.1 TITLE	PRODUCTION OF THE OFFICE OF	Change	Addition
NAME	DE VILLIERS, LUIS	_	1.2 NAME			_
STREET ADDRESS	2350 S.W. 22ND TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	\$	DELETE	2.1 TITLE		Change	Addition
NAME	PEREZ, PEDRO		2.2 NAME		- •	_
STREET ADDRESS	2350 S.W. 22ND TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3,1 TITLE		Change	Addition
NAME			3.2 NAME		_ •	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME		_ •	
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZIP			4.4 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			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME	_		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			1			
CITY - ST - ZIP			6.4 City-St-ZiP			

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 exempt as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address.

SIGNATURE: