Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90042 005 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H51982.

1. Corporation Name

PASTON-MANGE ENTERTAINMENT, INC.

Principal Place of Business		Mailing Address					1184 81811 B1811 A181		111 61611 1661	
C/O SONNY MANGE		C/O SONNY MANGE								
911 N.W. 203 STREET MIAMI FL 33169		911 N.W. 203 STREET				DO NOT WRITE IN THIS SPACE				
		MIAMI FL 33169				3. Date Incorporated or Qualifed				
						04/01/1985				
2 Principal P	lace of Business	2a. Mailing Addres				4. FEI Number		App	lied For	
	lace of Business	26				59-2506609	F		Applicable	
Suite, Apt.	# etc	Suite, Apt. #, 6	etc.				_ \$8	.75 Ac	ditional	
	22		27			5. Certifcate of Status Desired [	□ ¥¥	ee Req	uired ·	
City & State	e	City & State				6. Election Campaign Financing	¬ \$5	5.00 N	fay Be	
23		28				Trust Fund Contribution		dded to		
Zip Country		Zip				8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	☐ Ye		No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered Agent			
				81 1	Name					
	ige, sonny			82 5	Street Addre	ss (P.O. Box Number is Not Acceptable	9)			
	N.W. 203 STREET									
MAN	MI FL 33169			83						
				84 (	City		85	Zip Co	ode	
					•		FL			
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change	e was authorize	ed by the	amed corpo corporation	ration submits this statement for the pu 's board of directors. I hereby accept the	rpose of chang he appointment	as regi	stered	
SIGNATURE							DATE		+	
	Signature, typed or printed name of registered ag		(NOTE: Registere	ed Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOR	PS IN 12	
12.	PD OFFICERS A	ND DIRECTORS	FTF 111	TITLE		-CHAIL-MAN	PTCH	nange	Addition	
TITLE	MANGIAMELLI, ANGELO	<u> </u>	_	NAME	4	- LAMI ICHIAN	, –	_	_	
NAME ADDRESS	911 N.W. 203 ST.						<sup>1</sup> 3			
STREET ADDRESS	911 14.41. 200 01.				IDDESS		` 1			
CITY-ST-ZIP	MANA CI		1.3 \$	STREET AD		_	` 3			
	MIAMI FL	□DE	1.3.5	STREET AD		Dorellary		nange	☐ Addition	
TITLE	STD	☐ DEI	1.3.5 1.4.0 LETE 4 2.11	STREET AD CITY-ST-ZI		PRESIDENT		nange	☐ Addition	
TITLE NAME	STD PASTON, E. RACHELL	□ DEI	1.3.5 1.4.6 LETE 2.11 2.2.1	STREET AD CITY-ST-ZI TITLE: NAME		PRESIDENT PLA-ST		nange	Addition	
TITLE NAME STREET ADDRESS	STD PASTON, E. RACHELL 911 N.W. 203 ST.	□ DEI	1.3 \$ 1.4 C LETE	STREET AD CITY-ST-ZI TITLD. NAME STREET AD	IP /	PRESIDENT PLD-ST		ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PASTON, E. RACHELL 911 N.W. 203 ST. MIAMI FL		1.35 1.40 LETE 2.11 2.21 2.36 2.4	STREET AD CITY-ST-ZI TITLD NAME STREET AD CITY-ST-Z	IP /	PRESIDENT PLD-ST	<b>\$</b>	nange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD PASTON, E. RACHELL 911 N.W. 203 ST. MIAMI FL P	<b>D</b> DEI	1.3.5 1.4.6 LETE 2.11 2.2.1 2.3.5 2.4 LETE 3.11	STREET AD CITY-ST-ZI TITLE NAME STREET AD CITY-ST-ZI TITLE	IP /	PRESIDENT PLD-ST C-CHAILMAN	<b>\$</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STD PASTON, E. RACHELL 911 N.W. 203 ST. MIAMI FL P MANGE, SONNY		1.35 1.40 2.11 2.21 2.35 2.4 LETE 3.11 3.21	STREET AD CITY-ST-ZI TITLE NAME STREET AD CITY-ST-Z TITLE NAME	IP IDRESS	PRESIDENT PLD-ST C-CHAIRMAN	<b>\$</b>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PASTON, E. RACHELL 911 N.W. 203 ST. MIAMI FL P MANGE, SONNY		1.35 1.40 2.11 2.21 2.35 2.4 LETE 3.11 3.21 3.35 3.4	STREET AD CITY-ST-ZI TITLE NAME STREET AD CITY-ST-Z TITLE NAME	DIP DIDRESS OF THE PROPERTY OF	PRESIDENT PLD-ST C-CHAIRMAN	<b>1</b>	hange		
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP