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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J89596** **(7)**

1. Corporation Name
PROMO 87 - II, INC.

Principal Place of Business	Mailing Address
ONE SOUTH OCEAN BLVD. STE 304 BOCA RATON FL 33432	ONE SOUTH OCEAN BLVD. STE 304 BOCA RATON FL 33432-5143

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 190 W. Palmetto Pk Rd	26 190 W. Palmetto Pk Rd
Suite, Apt. #, etc. 22 c/o PETER B SMITH	Suite, Apt. #, etc. 27 c/o Peter B Smith Esq
City & State 23 Boca Raton Fla	City & State 28 Boca Raton Fla
Zip 24 33432 Country 25 USA	Zip 29 33432 Country 30 USA

4. FEI Number: 65-0147944 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No Unsure

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEIMBERG, FREDERICK M 7280 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON FL 33433	81 Name: PETER B SMITH ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 83 190 West Palmetto Park Rd 84 City: Boca Raton FL 85 Zip Code: 33432

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: PETER B SMITH 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILG, GEORGE		1.2 NAME		
STREET ADDRESS	3731 N.E. 27 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GILG, JACQUES		2.2 NAME	GILG (mgilf)	
STREET ADDRESS	3731 N.E. 27 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: 2/20/97 c/o Peter B Smith 561 368 1156