FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 22 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99113

1. Corporation Name

TIBURON PROMOTIONS, INC.

800001428848
-03/24/95--01054--020
****200.00 ****200.00

Principal Place of Business	Mailing Address
2600 Douglas Road Suite 911 Coral Gables, FL 33134	2600 Douglas Road Suite 911 Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 12/7/87
3a. Date of Last Report: 1994
4. FEI Number: 65-0011057 — 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

9. Name and Address of Current Registered Agent

BLUMENFELD, JACK R.
2600 Douglas Road, Suite 911
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 name is changed — DATE

12. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	August, Gus		
STREET ADDRESS	2600 Douglas Road, Suite 911		
CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	D		
NAME	Kupferman, Joel		
STREET ADDRESS	2600 Douglas Road, Suite 911		
CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	P		
NAME	August, Bruce		
STREET ADDRESS	2600 Douglas Road, Suite 911		
CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	V/P		
NAME	Bonanni, Laura		
STREET ADDRESS	2600 Douglas Road, Suite 911		
CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	T		
NAME	Kupferman, Esther		
STREET ADDRESS	2600 Douglas Road, Suite 911		
CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	3/22/95 LSF
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Laura Bonanni — LAURA BONANNI — 3/16/95 — 305-668-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number