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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # L29995

1. Corporation Name

CONCESSION SERVICES, INC.

Principal Place of Business	Mailing Address
1401 Brickell Ave Suite 840 Miami, FL 33131 USA	1401 Brickell Ave Suite 840 Miami, FL 33131 USA

3. Date Incorporated or Qualified: 11/16/89

3a. Date of Last Report: 1996

2. Principal Place of Business
21:

2a. Mailing Address
26:

22: Street Address

27: Suite, Apt. #, etc

23: City & State

28: City & State

24: Zip | 25: Country

29: Zip | 30: Country

4. FEI Number: 65-0161878 ☐ 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

Complete Corporate Services, Inc.
5200 Blue Lagoon Drive
Suite 600
Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name: **Judah Ever**

82 Street Address (P.O. Box Number is Not Acceptable): **One Financial Plaza**

83: **Suite 2100**

84 City: **Fort Lauderdale** **FL** 85 Zip Code: **33394**

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 and agree to accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] **Judah Ever** 2-17-97

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	P/D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Wieselberg, Shmuel	12 NAME	
STREET ADDRESS	1401 Brickell Ave., Ste. 840	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	14 CITY-ST-ZIP	
TITLE	S/T/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Erlich, Ilan	22 NAME	
STREET ADDRESS	1401 Brickell Ave., Ste. 840	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 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 a director or officer 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: [signature] ILAN ERLICH, V.P. ADMINISTRATION 2/14/97 305-358-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #