

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 01, 1999 8:00 am  
Secretary of State

09-01-1999 90006 036 \*\*\*\*61.25

DOCUMENT # N22301

1. Corporation Name

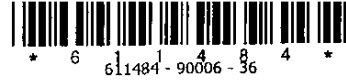
FRIENDSHIP GAMES, INC.

Principal Place of Business

227 NE 17TH STREET  
MIAMI FL 33132

Mailing Address

227 NE 17TH STREET  
MIAMI FL 33132



2. Principal Place of Business

21 1492 NW 196 St.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33169

Country

25 Dade

2a. Mailing Address

26 P.O. Box 69-3143

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33269

Country

30 Dade

3. Date Incorporated or Qualified

08/31/1987

4. FEI Number

65-0047154

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

9. Name and Address of Current Registered Agent

PRATT, CAROL HOPE  
227 NE 17TH STREET  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name Thom, Jillian

82 Street Address (P.O. Box Number is Not Acceptable)  
4300 Sheridan St. #138

83

84 City Hollywood

FL

85 Zip Code  
33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 2, 1999

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
PRATT, CAROL HOPE  
1492 NW 196 STREET  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
THOM, JILLIAN  
700 NW 214TH ST #321  
MIAMI FL 33169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
IVES, JUDY  
1000 SW 84 AVENUE  
HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PEEL, FRED  
800 BRICKELL KPLAZA  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 execute this report as required by Chapter 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 1999 954-9658452

Date

Daytime Phone #

CR2E037 (11/98)