

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600000540

1. Corporation Name

MIAMI/VIRGIN ISLANDS MOCKO JUMBIE STILT DANCERS **INCORPORATED**

Principal Place of Business

Mailing Address

10455 S.W. 146 TERRACE MIAM) FL 33176

P.O. BOX 971726 MIAMI FL 33197-1726

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90010 008 ****61.25

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2. Principal Place of Business				2a. Mailing Address						Date Incorporated or Qualifed							
21				26						01/29/1996							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					1 1	FEI Numl					<u> </u>		lied For
22				27					6	65-0643	<u> 3224</u>						Applicable
City & State				City & State					5. (Certifcate	of State	ıs Desir	red				iditional
23				28												ee Rec	
Zip	Country			Zip	Country	untry			6. Election Campaign Financing \$5.00 May Be							1	
24	25	Address of Current	29		<u>) </u>				Trust Fund Contribution Added to Fer 10. Name and Address of New Registered Agent						Fees		
	0.4	h 1		10.	Name an	d Addre	355 QT 1	New K	egistered	a Agent							
						81	Nam	е									
BROOKS, VERNON							Stree	t Addre	ess (P.	O. Box N	umber i	Not A	cceptal	ble)			
10455 S.W. 146TH TERRACE																	
MIAMI FL 33176						83											
							City	Ditv					85 Zip Code				
														F			
11. Pursuant	to the provisions of	of Sections 617.0502 r both, in the State of	2 and (617.1508, Flo	orida Statutes,	the above	e-name	d corpo	oration	submits t	this state	ement fo	or the p	ourpose o	of changi pintment	ing its r as rea	egistered istered
office or r	egistered agent, o m familiar with, an	ir both, in the State of id accept the obligat	ions of	f, Section 61	7.0503, Florida	a Statutes		, Potatio	110 000	ara or and	JOLO: 3. 1	licitory	ассор	· cio upp	0		
SIGNATURE																	
	Signature, typed or print	ed name of registered agen			(NOTE: Re	gistered Ager	t signatu	benlupen er			0.01144	IOCO T		DATE	NID DID	FOTO	OC IN 12
12.	OFFICERS AND DIRECTORS					13.			A	DDITION	S/CHAN	IGES I	OOFF	ICERS A			
TITLE	PD			Ц	DELETE	1.1 TITLE									□ cı	lange	Addition
NAME	Brooks, veri	NON				1.2 NAME											
STREET ADDRESS	10455 S.W. 14		1.3 \$7			1.3 STREET ADDRESS										}	
CITY-ST-ZIP	MIAMI FL 3317	6				1.4 C∏Y-S	T-ZIP										- Addition
TITLE	VD				DELETE	2.1 TITLE										nange	☐ Addition
NAME	BONELLI, DOR	IS				2.2 NAME											
STREET ADDRESS	ss 10455 S.W. 146TH TERRACE			2.3 5			2.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 3317	<u>'6</u>				2. 4 CITY-5	ST-ZSP										
TILE	TD				DELETE	3.1 TITLE										nange	Addition
NAME	BONELLI, RAYI	MOND				3.2 NAME											
STREET ADDRESS	10455 S.W. 14	6TH TERRACE	.			3.3 STREE	ADDRE:	S		<u> </u>	-						ĺ
CITY-ST-ZIP	MIAMI FL 3317	6				3.4. CITY-5	T-ZIP										
TTILE	SD				DELETE	4.1 TITLE										hange	☐ Addition
NAME	DONOVAN, CL	AUDETTE				4. 2 NAME											
STREET ADDRESS	l					4.3 STREE	ADDRE:	ss									
CITY-ST-ZIP	MIAMI FL 3317	6				4.4 CITY-S	T-ZIP	<u> </u>									
TITLE	<u> </u>				DELETE	5.1 TITLE		}							C	hange	☐ Addition
NAME						5.2 NAME											
STREET ADDRESS						5.3 STREE	TADORE	SS									
CITY-ST-ZIP						5.4 CITY-S	T-ZIP	_									
TITLE					DELETE	6.1 TMLE									□cı	hange	Addition
NAME		_				6.2 NAME											}
STREET ADDRESS		\wedge				6.3 STREE	TADDRE	SS									1
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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 eport or suppliemental 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 by 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:

NSIGNATURE REM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR