SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P34773** **(2)**

1. Corporation Name
AMERICAN BALLROOM COMPANY, INC.

Principal Place of Business	Mailing Address
1077 PONCE DE LEON BLVD CORAL GABLES FL 33134	1077 PONCE DE LEON BLVD CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **07/23/1991**
3a. Date of Last Report: **07/07/1995**

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

4. FEI Number: **06-0871041** ☐ 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

KIMMINS, JOHN
1077 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	S-T	☑ Change ☐ Addition
NAME	KIMMINS, JOHN		12 NAME	MURDOCK, TOM	
STREET ADDRESS	3692 ESTEPONA AVE		13 STREET ADDRESS	89 N.E. 109 ST	
CITY-ST-ZIP	MIAMI FL 33178		14 CITY-ST-ZIP	MIAMI, FL. 33161	
TITLE	VD	☐ DELETE	21 TITLE	V-P	☑ Change ☐ Addition
NAME	BULGER, VINCENT		22 NAME	THEISS, GEORGE B	
STREET ADDRESS	457 BLOOMFIELD AVENUE		23 STREET ADDRESS	15410 S.W. 77 AV.	
CITY-ST-ZIP	VERONA NJ		24 CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	~~S~~	☑ DELETE	31 TITLE	VP	☑ Change ☐ Addition
NAME	~~ZIELINSKI, TERRANCE A.~~		32 NAME	ENG, WAYNE	
STREET ADDRESS	~~P.O. BOX 9017 N/A~~		33 STREET ADDRESS	4270 CAMERON ST.	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~		34 CITY-ST-ZIP	LAS VEGAS, NV 89103	
TITLE	~~T~~	☑ DELETE	41 TITLE	VP	☑ Change ☐ Addition
NAME	~~ZIELINSKI, TERRANCE A.~~		42 NAME	CHIANG, MARTIN	
STREET ADDRESS	~~P.O. BOX 9017 N/A~~		43 STREET ADDRESS	20 COUNTRY LANE	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~		44 CITY-ST-ZIP	ROLLING HILLS EST, CA. 90274	
TITLE	~~CB~~ D	☐ DELETE	51 TITLE	D	☑ Change ☐ Addition
NAME	MASTERS, PHIL		52 NAME	LEE, JOSIE	
STREET ADDRESS	29 FAIRHAVEN DRIVE		53 STREET ADDRESS	361 N. SAUTAIR AV.	
CITY-ST-ZIP	CHERRY HILL NY		54 CITY-ST-ZIP	LOS ANGELES, CA. 90049	
TITLE	~~D~~	☑ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	~~COSTELLO, SAMUEL~~		62 NAME		
STREET ADDRESS	~~201 CRANDON BLVD., #739~~		63 STREET ADDRESS		
CITY-ST-ZIP	~~KEY BISCAYNE FL~~		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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.

SIGNATURE: John Kimmins JOHN KIMMINS 6/11/96 (305)4421288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #