

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000000289 (8)**

1. Corporation Name

**SOUTH FLORIDA WRESTLING, INC.**

Principal Place of Business

Mailing Address

333 ARTHUR GODFREY RD  
SUITE 402  
MIAMI BEACH FL 33140

333 ARTHUR GODFREY RD  
SUITE 402  
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0367988**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEISHER, BRUCE H  
4601 PONCE DE LEON BLVD.  
SUITE 310  
CORAL GABLES FL 33146**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**  
NAME **MONTANE, ISMAEL**  
STREET ADDRESS **333 ARTHUR GODFREY RD SUITE 402**  
CITY - ST - ZIP **MIAMI BEACH FL 33140**

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.2 NAME

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS

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CITY - ST - ZIP

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2.1 TITLE  Change  Addition

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3.1 TITLE  Change  Addition

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5.1 TITLE  Change  Addition

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6.1 TITLE  Change  Addition

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6.3 STREET ADDRESS

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6.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE:

*Ismael Montane, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-28-95 305-495-8600  
Date Custom Phone #