## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 01 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000025935 (6)

appears in Block 12 or Block 13 if changed or on an attachment will

SIGNATURE:

ULTIMATE LIVE SERVICES, INC.

Principal Place of Business		Mailing Address	Mailing Address			D TOBITORS AIM SAIDD SENT DANK DANK ABIN ABIN BRITA BEATA BEATA SETAB SETAB SETAB SETAB SETAB SETAB SETAB SETAB		
21000 NE 28TH AVENUE SUITE 202 MIAMI FL 33180		21000 ME 28TH AVENUE Suite 202 Miami Fl 33180-1421						
		MITMLE COLOR THE			3. Date Incorporated or Qualified 04/02/1993	3a. Date of Last 9 04/15/1996	Report	
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Number		pplied For	
21		26			65-0398998		lot Applicable	
	git #, etc.	Suite, Apt. #, etc.	·····			\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee R	lequired	
City & S	State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zφ	Country	Zιρ	Country	,	8. This corporation has liability for	intangible tax under	s 199.032,	
24	25	29 30	<u> </u>		1101100 01210100	Yes No		
	<ol><li>Name and Address of Current</li></ol>	it Registered Agent		1	10. Name and Address of New Re	egistered Agent		
F	PARDES, MICHAEL		81	Name				
2	21000 NE 28TH AVENUE		82	Street Add	fress (P.O. Box Number is Not Acceptal	ble)		
8	SUITE 202	•						
N	MIAMI FL 33180		83					
		•	84	City		85 Zip	Code	
	ant to the provisions of Sections 607,050	10 and CO2 15 00 Clasida Statutan	the chau	o nomed our	reporation submits this statement for the	9 mag	ite registered	
office agent	or registered agent, or both, in the State I am familiar with, and accept the oblig	of Florida. Such change was aut	norizea b	v tne corpora	alion's board of directors. I hereby acce	pt the appointment a	s registered	
SIGNATUR	Stgnistaric system of printed marrie of registered age	and and little if applicable (NOTE F	Registered Ag	ent signature requ	lired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TOTALE	PD	☐ DELETE	1.1 TITLE			L Change	Addition	
NAME	PARDES, MICHAEL		1.2 NAME					
STREET ADORE	88 21000 NE 28 AVE 202			T ADDRESS				
011y - \$1 - 20	MIAMI FL			ST - ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	LIEBOWITZ, TED		2 2 NAME					
STREET ADDRE	ss 21000 NE 28 AVE 202		2 3 STREET ADDRESS					
CITY 51-7F	MIAMI FL		2 4 CiTY-	ST-ZIP				
Tille	<b>DV</b> DELETE		3 1 THILE			Change	Addition	
NAM!	SELF, MICHAEL							
STHEET ACHORE			3.3 STREET ADDRESS					
CHY ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP			<b>—</b>	
Tille	DST	DELETE	4.1 TITLE			Change	Addition	
NAMí	MARKOWITZ, HOWARD		4.2 NAME	1				
STREEL ADDRES			4.3 STREE	T ADORESS				
CHY S1-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP				
THE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME		•	5.2 NAME					
STREET ADDRESS	ESS		5.3 STREE	T ADDRESS				
C TY - ST - ZiP			5.4 CITY-	ST-ZIP			- Indiana	
THE		L DELETE	6.1 TITLE	ŀ	•	Change	Addition	
NAME			6.2 NAME					
STHEET ADDRE	ESS		6.3 STREE	T ADDRESS				

14. I do 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 607, Florida Statutes; and that my name