

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000033490 (2)

1. Corporation Name

CHALLENGE PROMOTIONS INCORPORATED



Principal Place of Business

Mailing Address

<sup>208</sup>  
SUITE 4000 COURVOISIER CENTRE II  
501 BRICKELL KEY DRIVE  
MIAMI FL 33131-3608

<sup>208</sup>  
SUITE 4000 COURVOISIER CENTRE II  
501 BRICKELL KEY DRIVE  
MIAMI FL 33131-3608

3. Date Incorporated or Qualified  
05/01/1993

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 501 BRICKELL KEY DRIVE

26 501 BRICKELL KEY DRIVE

4. FEI Number

65-0408800

Applied For

Not Applicable

22 Suite, Apt. #, etc.

SUITE 208

27 Suite, Apt. #, etc.

SUITE 208

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

MIAMI - FLORIDA

28 City & State

MIAMI - FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

33131

Country

29 Zip

33131

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, WILLIAM C JR  
SUITE 206, COURVOISIER CENTER  
501 BRICKELL KEY DRIVE  
MIAMI FL 33131-3608

81 Name

Lewis, William C., Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

9100 S Dadeland Blvd.

83

Suite 1707

84 City

Miami

FL

85 Zip Code

33156

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SILVA, ROBERTO L  
STREET ADDRESS 200 KNOLLWOOD DR  
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE ☒ DELETE

NAME ECHAVARRIA, FERNANDO  
STREET ADDRESS 241 KNOLLWOOD DR  
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE ☐ DELETE

NAME KIRBY, RICHARD I  
STREET ADDRESS 8810 OCEAN DRIVE, APT. 27 B  
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Silva* DIRECTOR ROBERTO L. SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.96 (305) 381-7899

Date

Daytime Phone #

CR2E034 (12/95)