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 # P94000015149

1. Corporation Name

SOUTH EAST SPECIAL EVENTS, INC

Principal Place of Business | Mailing Address

8944 N. W. 24TH TERRACE
MIAMI FL 33172

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MIAMI FL 33172

Date Incorporated or Qualified: 2/21/1994

Date of Last Report: 03/30/1995

FEI Number: 65-0486444 | Applied For | Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

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

Principal Place of Business: 21 / 22 / 23 / 24 / 25
Mailing Address: 26 / 27 / 28 / 29 / 30

Name and Address of Current Registered Agent

SINGLETARY, EUGENE C
8944 N.W. 24TH TERRACE
~~SUITE 730~~
MIAMI FL 33172

Name and Address of New Registered Agent

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors		13.		
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	SINGLETARY, EUGENE C		1.2 NAME	SINGLETARY, ISABEL	
STREET ADDRESS	8944 N. W. 24TH TERRACE		1.3 STREET ADDRESS	8944 NW 24 Terrace	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL	
TITLE		☐ DELETE	2.1 TITLE	SEC/TREAS	☐ Change ☒ Addition
NAME			2.2 NAME	SINGLETARY, EUGENE C.	
STREET ADDRESS			2.3 STREET ADDRESS	8944 NW 24 Terrace	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	600001841526 -05/28/96--01055--044 ***200.00	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	5-1-96	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 4/26/96 (305)592-1311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #