FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P 94 0000 25508 (0)

1. Corporation Name
BLACK TIE INTERNATIONAL, INC.

Principal Place of Business
2 GROVE ISLE DRIVE
SUITE 1208
MIAMI, FL. 33133

Mailing Address
2 GROVE ISLE DR.
SUITE 1208
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3245712
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25

Zip 29 | Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, DEBRA M.
420 S. DIXIE Hwy
STE 48
CORAL GABLES, FL 33146

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	RUBIN, DEBRA M		1.2 NAME	RUBIN, DEBRA M.	
STREET ADDRESS	420 S. DIXIE HWY #48		1.3 STREET ADDRESS	420 S. DIXIE HWY #48	
CITY-ST-ZIP	CORAL GABLES, FL 33146		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DEBRA M		2.2 NAME		
STREET ADDRESS	420 S. DIXIE HWY #48		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		2.4 CITY-ST-ZIP		
TITLE	VP SD	☒ DELETE	3.1 TITLE	P-T-D	☐ Change ☒ Addition
NAME	V.M. SCHMIOT		3.2 NAME	J.M. SCHMIOT	
STREET ADDRESS	810 S.W. 80TH ST		3.3 STREET ADDRESS	2 GROVE ISLE DR #1208	
CITY-ST-ZIP	OCALA, FL		3.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ DELETE	4.1 TITLE	VP-S-D	☐ Change ☒ Addition
NAME			4.2 NAME	ANTHONY SARANOKS	
STREET ADDRESS			4.3 STREET ADDRESS	810 S.W. 80TH ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OCALA, FL 34476	
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		
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		

500002542865
-06/01/98--01119--028
***150.00

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/6/98 305-858-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)