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04-16-1999 90059 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025508

1. Corporation Name
BLACK TIE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2 GROVE ISLAND DRIVE #1208 MIAMI FL 33133	2 GROVE ISLAND DRIVE #1208 MIAMI FL 33133
1 GROVE ISLE DR. #1202 MIAMI, FL 33133	1 GROVE ISLE DR. #1202 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 GROVE ISLE DR	2a. Mailing Address 26 1 GROVE ISLE DRIVE	3. Date Incorporated or Qualifed 03/31/1994
Suite, ~~Apt. #, etc.~~ 22 1202	Suite, ~~Apt. #, etc.~~ 27 1202	4. FEI Number 59-3245712 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33133 25 USA	Zip / Country 29 33133 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, DEBRA M
420 S. DIXIE HWY
STE 4 B
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DEBRA M		1.2 NAME		
STREET ADDRESS	420 S. DIXIE HWY #4B		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP		
TITLE	VPSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SARANDRS, ANTHONY		2.2 NAME		
STREET ADDRESS	820 SW 80 STREET		2.3 STREET ADDRESS	810 S.W. 80TH STREET	
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP	OCALA, FL 33376	
TITLE	PTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	V.M. SCHMIAT		3.2 NAME	J.M. SCHMIAT	
STREET ADDRESS	2 GROVE ISLAND DRIVE #1208		3.3 STREET ADDRESS	1 GROVE ISLE DRIVE #1202	
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE		☐ DELETE	4.1 TITLE		☐ 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		
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #