

FLORIDA DEPARTMENT OF STATE

## Kathe ine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400033091

1. Corporation Name

LA PLAYA PROMOTIONS, INC.

Principal Place of Business 420 LINCOLN ROAD STE. 206 MIAMI BEACH FL 33139 Mailing Address

P.O. BOX 52-4183 MIAMI FL 33152-4183

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90014 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed									
								05/02	/1994						
2. Principal Place of Business			2a. Mailing Address					4. FEI Number					Apr lied For		
21 7335 H.W. 3157			26					65-0486363					Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired					\$8.75 Additional Fee Recuired			
City & State	<del></del>		City & State					6. Electio	n Campaign	Financing		\$:	5.00 h	lav Be	
23 H/A		28			Trust Fund C			-		•	dded to				
Zip	M1 - FC Courtr	у	Zip	Cou	ntry			8. This co	rporation ov	ves the cui	rrent year in	itangible			
24 33/92		29	30				·						∃No		
24 33/22-/240 25 U. 5. A.   29   9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
					81	Name									
RIVE	ro, Jorge H			00 0											
2555	COLLINE AVE			82	Street /	Street Acdress (P.O. Box Number is Not Acceptable)									
	2406			83											
MIAMI BEACH FL 33140															
					84	City						85	Zip C	ode	
								43 1 5				<b>–</b> 📙			
11. Pursuant t	to the provisions of Sec egistered agent, or both	tions 607.0502	and 607.1508, Florida Statu f Florida. Such change was	i:es, the al	bv 1	:-named the corpo	oc rpor	ration submit n's board of c	s this stater irectors. I h	nent for the ereby acce	e purpose : ept the appo	ii chang xintmen	as reg	stered	
agent ar	m familiar with, and acc	ept the obligati	ons of, Section 607.0505, Fi	orida Statu	ites.					,			_		
SIGNATURE															
	Signature, typed or printed na n				Agent	t signature n	equired \	when reinstating)			DATE		=	5 111 15	
12.		OFFICERS AND		13.				ADDITIC	NS/CHAN	SES TO O	FFICERS				
TITLE	PD		☐ DELETE	1.1 111	LE							ПС	hange	☐ Addition	
NAME	RIVERO, JORGE H SR			12 N/		ME									
STREET ADDRE 3S	2555 COLLINS AVI	E STE 2406		1.3 ST	REET	ADDRESS									
CITY-ST-ZIP	MIAMI BEACH FL			14 CF	ry-\$T	-ZIP									
TITLE	VD		☐ DELETE	21 TI	lΕ							C	hange	☐ Addition	
NAME	RIVERO, JORGE JI	R.		2.2 NA	ME										
STREET ADDRE SS	2555 COLLINS AV			23 ST	REET	ADDRESS									
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CI											
TITLE	VD CV		☐ DELETE	3.1 TIT		, 2.11							nange	☐ Addition	
NAME	RIVERO, JORGE J	R		3 2 NA											
	2555 COLLINS AV					ADDRESS									
STREET ADORE 3S	MIAMI BEACH FL	L UIE 2200		1											
CITY-ST-ZIP	TD		DELETE	3.4. CI		1-ZIP						ПС	hange	Addition	
TITLE		CD													
NAME	RIVERO, JORGE H			4.2 N			]								
STREET ADDRESS	2555 COLLINS AV	E 31E 2406				ADDRESS									
CiTY-ST-ZIP	MIAMI BEACH FL	<del>-</del>		4.4 CI		- ZIP	<u> </u>						hange	Addition	
TITLE	SD	••	☐ DELETE	5111								ПС	ialiye		
NAME	RIVERO, JUAN C			5 2 NA		I DODE									
STREET ADDRESS	433 W 45TH PLAC	E		8		ADDRESS									
CITY-ST-ZIP	HIALEAH FL		· <u> </u>	5.4 Cl		r-ZIP	<u> </u>								
TITLE			☐ DELETE	6.1 TI								□c	hange	☐ Addition	
NAME				62 NA	ME										
STREET ADDRESS				63 ST	REET	ADDRESS									
CITY-ST-ZIP				64 CI	ry-st	-ZIP									
14. I hereby c	ertify that the informate	on supplied with	this filing does not qualify f	or the exe	mpti	on stated	in Se	ection 119.07	3)(i), Florid	a Statutes	. I further c	ertify tha	t the in	formation	

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, open an attachment with an address, with a liother like empowered.

SIGNATURE:

ATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 4 - 20 - 99 30 - 477 - 0 - 77 Date Date

CR2E034 (11/6