SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000046739 (6)**

1. Corporation Name
MISS FLORIDA PAGEANT, INC.

Principal Place of Business	Mailing Address
1671 N.E. 174 STREET N. MIAMI BEACH FL 33162	1671 N.E. 174 STREET N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:
4. FEI Number: 65-050-4244 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZEPKA, VICTOR
1671 N.E. 174 STREET
N. MIAMI BEACH FL 33162

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: [signature] DATE: 7-18-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS ☐ Change ☐ Addition
TITLE	D	11 TITLE
NAME	ZEPKA, VICTOR	12 NAME
STREET ADDRESS	1671 N.E. 174 STREET	13 STREET ADDRESS
CITY ST ZIP	N. MIAMI BEACH FL 33162	14 CITY ST ZIP
TITLE		21 TITLE
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY ST ZIP		24 CITY ST ZIP
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

CR2E034 (3/95)

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)(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 addition.

B. 305 659. 2000

SIGNATURE: [signature] VP, ZEPKA 7-18-95 305-940-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054016 CP