

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90140 004 ***150.00

DOCUMENT # P94000073534

1. Corporation Name

GEORGE DUBREUIL PUBLIC RELATIONS, INC.



Principal Place of Business

600 BILTMORE WAY
#809
CORAL GABLES FL 33134
US

Mailing Address

600 BILTMORE WAY
#809
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

65-0533312

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5245 NW 36 ST

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 205

Suite, Apt. #, etc.

27

City & State

23 MIAMI SPRINGS, FL

City & State

28

Zip Country

24 33166 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

DIAMOND, KEITH D
46 SW FIRST STREET 4TH FL
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name GEORGE DUBREUIL

82 Street Address (P.O. Box Number is Not Acceptable)

600 BILTMORE WAY #809

83

84 City CORAL GABLES, FL

85 Zip Code 33134

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 *George Dubreuil*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME DUBREUIL, GEORGE
STREET ADDRESS 600 BILTMORE WAY #809
CITY-ST-ZIP CORAL GABLES FL

TITLE VPD ☐ DELETE

NAME DUBREUIL, JOAN
STREET ADDRESS 600 BILTMORE WAY #809
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *George Dubreuil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)