FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

'95 APR 20 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000076051 (9)**

1. Corporation Name

A B T ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
259 EAST FLAGLER ST. MIAMI FL 33131	259 EAST FLAGLER ST. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0526692 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIDALGO, FRANCISCO
8303 S.W. 137TH AVENUE
MIAMI FL 33183

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HIDALGO, FRANCISCO	1.2 NAME		
STREET ADDRESS	8303 S.W. 137TH AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COGO, LUIS	2.2 NAME		
STREET ADDRESS	3020 S.W. 111TH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~VASQUEZ, ORLANDO~~	3.2 NAME		
STREET ADDRESS	~~8251 S.W. 27TH ST.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33155~~	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	COGO, MABEL	4.2 NAME		
STREET ADDRESS	3020 S.W. 11TH AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, MARIO	5.2 NAME		
STREET ADDRESS	401 N.W. 59TH COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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.

SIGNATURE: _____ 4-14-95 (305) 377-1311

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0131901 CP