SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:29

DOCUMENT # **P94000088417 (8)**

1. Corporation Name
AMERICAN CASINO ENTERTAINMENT SERVICES, INC.

Principal Place of Business	Mailing Address
990 NW 166TH ST MIAMI FL 33169	990 NW 166TH ST MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1994** | 3a. Date of Last Report:

2. Principal Place of Business 21 1050 Lee Wagener Blvd	2a. Mailing Address 26 1050 LEE WAGENER BLVD	4. FEI Number 65 - 0551724	Applied For Not Applicable
Suite, Apt. #, etc. 22 303	Suite, Apt. #, etc. 27 303	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Ft. Lauderdale, FL	City & State 28 FT LAUDERDALE FL	6. [illegible] ☐	$5.00 May Be Added to Fees
Zip / Country 24 33315 / 25 USA	Zip / Country 29 33315 / 30 USA.	8. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREIT, RICHARD H 3111 STIRLING RD FT LAUDERDALE FL 33312	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 607.0402 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) (Must be Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (DELETE ONLY TITLE)	
TITLE	D	11 TITLE	PRESIDENT AND CHIEF EXECUTIVE ☒ Change ☐ Addition
NAME	ROSS, DAVID	12 NAME	
STREET ADDRESS	990 NW 166TH ST	13 STREET ADDRESS	1050 LEE WAGENER BLVD #303
CITY ST ZIP	MIAMI FL 33169	14 CITY ST ZIP	FT LAUDERDALE FL 33315
TITLE		21 TITLE	Vice President, Secretary ☐ Change ☒ Addition
NAME		22 NAME	ADAM C. PERRELLO
STREET ADDRESS		23 STREET ADDRESS	1050 LEE WAGENER BLVD. Suite 303
CITY ST ZIP		24 CITY ST ZIP	Fort LAUDERDALE, 33315
TITLE		31 TITLE	Treasurer/CHIEF FINANCIAL OFFICER ☐ Change ☒ Addition
NAME		32 NAME	GARY L. DIAMOND
STREET ADDRESS		33 STREET ADDRESS	1050 LEE WAGENER BLVD. # 303
CITY ST ZIP		34 CITY ST ZIP	Fort-LAUDERDALE FL 33315
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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 above, or on an attachment with an address.

SIGNATURE: _____ 6/14/95 305-357-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0044004 CP

CR2E034 (3/95)