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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000093555 (8) DOCUMENT #
1. Corporation Name

PRESTIGE ADVERTISING, INC.

FILED Apr 29 1996 8:00 am Secretary of State



Principal Place of Business 12000 BISCAYNE BLVD SUITE 501 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 12/28/1994 2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. City & State City & State City & State City & State 28. Country City & State City & State City & State 29. Country Zip Country Zip Country A. FEI Number 65-0580212 5. Certificate of Status Desired Trust Fund Contribution 7. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes Principal Place of Business A. FEI Number 65-0580212 5. Certificate of Status Desired City & State City & State City & State 30. Date Incorporated or Qualified 12/28/1994 4. FEI Number 65-0580212 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes Florida Statutes RISKIN, STAN L 499 N.W. 70TH AVENUE SUITE 101	12/11/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under \$199.032, fes \(\) No Y Registered Agent
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 12/28/1994 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Poly Name and Address of Current Registered Agent RISKIN, STAN L 499 N.W. 70TH AVENUE SUITE 101 3. Date Incorporated or Qualified 12/28/1994 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution Florida Statutes Florida Statutes Name Street Address (P.O. Box Number is Not Accepted 199 N.W. 70TH AVENUE 1901) 82 Street Address (P.O. Box Number is Not Accepted 199 N.W. 70TH AVENUE 1901)	12/11/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under \$199.032, fes \(\) No v Registered Agent
2. Principal Place of Business 2a. Mailing Address 25 26 27 28 28 29 29 29 20 20 21 21 22 22 23 24 25 26 26 27 27 28 28 28 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	12/11/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under \$199.032, fes \(\) No v Registered Agent
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State City & State 28 Trust Fund Contribution Zip Country Zip Country 29 30 Florida Statutes 9. Name and Address of Current Registered Agent RISKIN, STAN L 499 N.W. 70TH AVENUE SUITE 101 83 Street Address (P.O. Box Number is Not Acceptance) 83 Street Address (P.O. Box Number is Not Acceptance)	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees or intangible tax under s 199.032, fes \(\bigcap \) No v Registered Agent
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RISKIN, STAN L 499 N.W. 70TH AVENUE SUITE 101 82 Street Address (P.O. Box Number is Not Accepted as a suite of the suite	rable)
499 N.W. 70TH AVENUE SUITE 101 83	table)
499 N.W. 70TH AVENUE SUITE 101 83	NAME OF TAXABLE PARTY O
PLANTATION FL 33317 B4 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 p	
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 apfamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ppointment as régistered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
	OFFICERS AND DIRECTORS IN 12
TITLE P 1.1 TITLE	Change Addition
NAME KOENIG, MARCIA 1.2 NAME	
STREET ADDRESS 924 NE 26TH AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 33009 1.4 CITY-ST-ZIP	Change C Addition
TITLE DELETE 2 1 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-SI-7IP 34 CITY-SI-7IP	
TITLE DELETE 4 1 TITLE	Change Addition
NAME 4.2 NAME	·
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Like hereby codify that the information symplicid with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 1.1	

receipt cearing mature entermation supplied with this iming is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 all achment with an address.