FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000072282 (3)**

1. Corporation Name

SOUTH BEACH AFTER DARK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~C/O PRIDE MAGAZINE~~ ~~301 OCEAN DRIVE, UNIT 505~~ ~~MIAMI BEACH FL 33139~~	~~C/O PRIDE MAGAZINE~~ ~~301 OCEAN DRIVE, UNIT 505~~ ~~MIAMI BEACH FL 33139~~

3. Date Incorporated or Qualified: 09/19/1995
3a. Date of Last Report: INITIAL

2. Principal Place of Business
21: 1348 WASHINGTON AVENUE
Suite, Apt. #, etc. 22: #127
City & State 23: MIAMI BEACH, FL
Zip 24: 33139 Country 25: DADE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0607554 ☐ 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

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: MARK J. SPENCER
82 Street Address (P.O. Box Number is Not Acceptable): 800 WEST AVENUE - # PH-21
83:
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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] MARK J. SPENCER 2/20/96
Signature, typed or printed name of individual with authority to sign (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MANKOVICH, DARREN		1.2 NAME	ARNIE SMITH	
STREET ADDRESS	301 OCEAN DRIVE, UNIT 505		1.3 STREET ADDRESS	1201 WEST AVENUE, #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	V	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~DOHENY, DENNIS~~		2.2 NAME	FRANK SCOTTOLINI	
STREET ADDRESS	~~301 OCEAN DRIVE, UNIT 505~~		2.3 STREET ADDRESS	1054 WASHINGTON AVENUE	
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHILIPSON, MICHAEL		3.2 NAME		
STREET ADDRESS	~~301 OCEAN DRIVE, UNIT 505~~		3.3 STREET ADDRESS	1446 JEFFERSON AVENUE	
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~ address correction only		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, MARK J		4.2 NAME		
STREET ADDRESS	~~301 OCEAN DRIVE, UNIT 505~~ →		4.3 STREET ADDRESS	800 WEST AVENUE, PH-21	
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~ → address correction only		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HAZTER, FRED G~~		5.2 NAME	HAZTER, FRED	
STREET ADDRESS	~~301 OCEAN DRIVE, UNIT 505~~ →		5.3 STREET ADDRESS	1200 WEST AVENUE, #1515	
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~ → address correction only		5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	AGUILERA, ABEL A		6.2 NAME		
STREET ADDRESS	~~301 OCEAN DRIVE, UNIT 505~~ →		6.3 STREET ADDRESS	11691 S.W. 22ND STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139 address correction only		6.4 CITY-ST-ZIP	MIAMI, FL 33165	

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 any attachment with an address.

SIGNATURE: [signature] 2/20/96 (305) 532-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)