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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093803 1. Corporat on Name

CITIGAMES, INC.

Principal Place of Business

Mailing Address

635 NORTH SHORE DRIVE MIAMI BEACH FL 33141

635 NORTH SHORE DRIVE MIAMI BEACH FL 33141

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90059 005 ***150.00



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								DO NOT WRITE IN THIS	SPACE		
							Date In	corporated or Qualifed			
							12/11	/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Nu			Арр	ied For
21		26					65-06	31453		Not	Applicable
Suite, Art.	# etc	Suite, Apt. #, etc.				\top			\$8.	7 5 Ad	ditional
22	.,	27				5.	Certifca	te of Status Desired	•	e Req	
City & State	3	City & State				6	Election	Campaign Financing	\$5	00 4	av Be
		28						and Contribution	•		Fees
Zip	Country	Zip	Cour	otrv		_		poration owes the current year Inta			_
	25		30					al Property Tax.	Yes	í]No
24	9. Name and Address of Current		301			10.		and Address of New Registere I A	gent		
	V. Name and Address of Content	registered Agent		81	Name						
TRUTE, MELVIN							_				
	KANE CONCOURSE		82 Street Ad			d tress (P.O. Box Number is Not Acceptable)					
BAY HARBOR ISLAND FL 33154				-							
D#.I	HANDON ISLAND FL 33134			83	I						
				84	City				85	Zip C	de
				ļ	,			FL		<u>,</u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											
office e r	egistered agent, or both, in the State o m familiar with, and accept the obligat	e Florida. Such change was su	ithorized	hv 1	the corporation	n's bo	ard of d	rectors. I hereby accept the appoin	ıment a	as reg	stered
	III lamillar with, and desept the obligat	1975 OI, COOLOIT COT 10000, TREE									
SIGNATURE	Signature, typed or printed nar ie of registered agent	and title if applicable. (NOTI:	Registered	Ageni	it signature required	when re	einstating)	DATE			
12.	OFFICERS ANI		13.				ADDITIC	NS/CHANGES TO OFFICERS / N) DIRE	CTOF	S IN 12
TITLE	P	☐ DELETE	1.1 TIT	1.1 TITLE					Cha	inge	☐ Addition
NAME	LANGSAM, MARVIN		1.2 NA	1.2 NAME							
STREET ADDRESS	635 NORTH SHORE DRIVE		•		ADDRESS						
	MIAMI BEACH FL 33141				i						
CITY-ST-ZIP TITLE	VP	☐ DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE					Cha	nge	Addition
	**	EJ OCCE IE								•	
NAME	LANGSAM, MEIRA			2.2 NAME							
STREET ADDRESS			1	2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CI		T-ZIP				☐ Cha	000	Addition
TITLE		☐ DELETE	3.1 TITLE							Hige	
NAME			3.2 NA	ME							
STREET ADDRESS			3 3 STREET ADDRESS		:ADDRESS						
CITY-ST-ZIP	ZIP		3.4. CiTY-ST-ZIP		T-ZIP						
TITLE	DELETE		4.1 TIT	4.1 TITLE					Cha	ange	☐ Addition
NAME			4, 2 NA	WE							
STREET ADDRESS			4.3 ST	REET	T ADDRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST	r-zip						
TITLE		☐ DELETE	5.1 TITLE						Cha	inge	Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE		ADDRESS						
				4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT		- +-				Cha	inge	Addition
		L DELETE	6.2 NA							3-]
NAME					. +DD0500						
STREET ADDRE IS			1		ADDRESS						
CITY-ST-ZIP			6.4 CIT	6.4 CITY-ST-ZIP							

14. I hereb / certify that the informat on 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 recuired 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.

305-237-1181