

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003793 (2)**

1. Corporation Name
BINGO ENTERPRISES INC.



Principal Place of Business 452 RIDGEWOOD RD. KEY BISCAYNE FL 33149	Mailing Address 452 RIDGEWOOD RD. KEY BISCAYNE FL 33149-1837
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2. Principal Place of Business 21 104 CRANDON Blvd.		2a. Mailing Address 26 104 CRANDON Blvd.		3. Date Incorporated or Qualified 01/11/1996		3a. Date of Last Report	
Suite, Apt., etc. 22 315		Suite, Apt., etc. 27 315		4. FFI Number 65-0634035		Applied For Not Applicable	
City & State 23 Key Biscayne FL		City & State 28 Key Biscayne FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33149		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29 33149		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KASINSKY, ROBERTO 452 RIDGEWOOD RD. KEY BISCAYNE FL 33149				10. Name and Address of New Registered Agent			
81 Name ROBERTO KASINSKY				82 Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON Blvd			
83 SUITE 315				84 City Key Biscayne FL			
				85 Zip Code 33149			

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 **X** **1/7/97**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASINSKY, ROBERTO			1.2 NAME	ROBERTO KASINSKY		
STREET ADDRESS	2223 N.W. 79TH AVE.			1.3 STREET ADDRESS	104 CRANDON BLVD Suite 315		
CITY-ST-ZIP	MIAMI FL 33122-1618			1.4 CITY-ST-ZIP	Key Biscayne FL 33149		
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHAEL HOLMQUIST			2.2 NAME	MICHAEL HOLMQUIST		
STREET ADDRESS	104 CRANDON BLVD Suite 315			2.3 STREET ADDRESS	104 CRANDON BLVD Suite 315		
CITY-ST-ZIP	Key Biscayne FL 33149			2.4 CITY-ST-ZIP	Key Biscayne FL 33149		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 address.

SIGNATURE **Michael Holmquist** **1/2/97** **305**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)