Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90086 021 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010245

1. Corporation Name

Principal Place of Business

ENTERTAINMENT GROUP OF AMERICA, INC.

8280 NW 27TH ST STE 515 MIAMI FL 33122 US		4862 S.W. 72ND AVENUE STE 515 MIAMI FL 33155 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/01/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0645596	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Re
23		28	¬ ´		Trust Fund Contribution	Added t	
Zip Country Zip			Country	,	8. This corporation owes the current y	ear Intangible	
24 25 29 30			0		Personal Property Tax.	_ ☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			I
BOC		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
4862			Sirect Add	reas (r.o. Box rumoer to roc recopratio)	- 		
MIAN	11 FL 33155		83				
			84	-		FL 85 Zip (
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was aut	norized by	the corporati	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	enistered Area	nt signature require	ed when reinstating) D.	ATE	í
12.	OFFICERS AND		13.	in signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PSD	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BOCCARA, RENATO		1.2 NAME			_ •	
STREET ADDRESS	4862 S.W. 72ND AVE.		ŧ	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			. Change	☐ Addition
NAME	BOCCARA, RENATO		2.2 NAME]
STREET ADDRESS	4862 S.W. 72ND AVE.		2.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-	ST-ZIP .		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			. Change	☐ Addition
NAME ,			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS	• • •			TADORESS			
CITY-ST-ZIP			4.4 CITY+S	ST-ZIP		Channa .	- Addition
TITLE		☐ DÉLETE	5.1 TITLE			☐ Change	Addition
NAME .			5.2 NAME	T 4 DODE 00			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	51-ZIP			Addition
TITLE		☐ DELETE				☐ Change	☐ woomon
NAME			6.2 NAME				-
STREET ADDRESS				TADDRESS			Í
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	·		

14. I 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, with all other like empowered.

CITY-ST-ZIP

NING OFFICER OR DIRECTOR