## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT É STATE

Sandra B. Morthm

Secretary of State DIVISION OF CORPORTIONS

**FILED** Mar 10 1998 8:00am Secretary of State

1. Corporation	Y PROMOTES, INC.	00047892 (	U)		
Principal Place	of Business	Mailing Address			( 1001/00) NO FELIN BOTH BOTH BOTH BOTH BOTH BOTH STATE STATE SOUR STATE STATE STATE
1481 NW 7TI MIAMI FL 33		1481 NW 7TH ST MIAMI FL 33125			{
THE THE PERSON NAMED IN	TRY	MIMMI FL 33123			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business		I de Madier Address			05/31/1996 4. FEI Number Applied For
21 Principal Place of Business		26. Mailing Address			4. FEI Number Applied For Not
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28 Country			Trust Fund Contribution Added to Fees
Zip <b>24</b>	Country 	Z(p)	<u></u> ⊢¬	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
E-41	9. Name and Address of Curre	29 29 ent Registered Agent	[30]	1	10. Name and Address of New Registered Agent
PA	LLEY, LISA			81 Name	
	81 NW 7TH ST			82 Street	Address (P.O. Box Number is Not Acceptable)
ML	AMI FL 33125				
				83	
				84 City	FL 85 Zip Code
11 Pursuant Ir	the provisions of Sections 607.05	/02 and 607 1508 Florida Stat	utoe the s	hove-named	corporation submits this statement for the purpose of changing its registered
office or re-	gistered agent, or both, in the Stat i familiar with, and accept the obli	te of Florida. Such change was	s authorize	ed by the cor	poralion's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature, typed or photod name of registered a	gent and title if applicable (N	Olf Register	od Agent signatur	e required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 7	TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    D
NAME	PALLEY, LISA			IAME	Palley, LISA
STREET ADDRESS	8365 SW 91ST ST			TREET ADDRESS	16 Island Ave 45
CITY-ST-ZIP TITLE	MIAMI FL 33156	DELETE	1.4 C	ITY-ST-ZIP	Palley, Lisq 16 Island Ave 45 Nigmi, Beach, Fh 33139 Change   Addition
RAME			22 NAME		
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP	2, 4 CITY-S1				
TITLE		☐ DELETE	3,1 T	ITLE	Change Addition
NAME			3.21	IAME	
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP		DELETE	3 4. T	CITY-ST-ZIP	Change Addition
TITLE NAME		□ netrit		name Name	Li onange Li Addition
STREET ADDRESS			1	TREET ADDRESS	
CITY-SI-ZIP				CITY-ST-ZIP	
TITLE		DELETE	5.1 T		Change Addition
NAME			5.2 N	IAME	
STREET AUDRESS			5.3 \$	TREET ADDRESS	
CITY-ST-ZIP		Bases		ITY-S1-ZIP	Chann
TITLE		☐ DELFTE	6 N	١.	Change Addition
NAME CTREET ANDRESS			6.2 N	HAME HAMEL ADDRESS	
STREET ADDRESS CITY-ST-ZIP	$\wedge$	$\sim$		CITY SI ZIP	
14. Thereby ce	edify that the information supplied	with this thing does not qualify	for the ex	empton stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or di Block 12 of	on this annual report or suppliemen irector of the organization of the re- r Block 13 if changed or design at	ful annual report is true and a reiver or trustee onpowered/ holyweit with an ad fresk	courate ar execute	id tilat my sig this report as	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information and the same legal effect as if made under oath; that I am an sequired by Chapter 607, Florida Statutes; and that my name appears in
		ZXXXV		X/	MARILAS 1998 305 112
SIGNATURE: MANAGE AND TYPE OF PHINTED NAME OF SIGNING OFFICER OR PHICTOR DEID DEID DEID DEID DEID DEID DEID DEI					