

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90012 013 ***550.00

DOCUMENT # **P96000056012**

1. Corporation Name

DAYDREAMERS ENTERTAINMENT, INC.



Principal Place of Business

**8360 DUNDEE TERR
MIAMI LAKES FL 33016**

Mailing Address

**8360 DUNDEE TERR
MIAMI LAKES FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

65-0676417

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, LUIS F
8004 NW 154 ST.
SUITE 242
MIAMI LAKES FL 33016**

81 Name

Luis F. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

8360 DUNDEE TERRACE

84 City

Miami Lakes

FL

85 Zip Code

33016

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **RIOTTI, JOVAN JR.**
STREET ADDRESS **8004 N.W. 154 ST. #242**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **VP** ☐ DELETE
NAME **GONZALEZ, LUIS F**
STREET ADDRESS **8004 N.W. 154 ST. #242**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **RIOTTI, JOVAN JR**
1.3 STREET ADDRESS **8360 DUNDEE TERRACE**
1.4 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **GONZALEZ, LUIS F**
2.3 STREET ADDRESS **8360 DUNDEE TERRACE**
2.4 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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.

SIGNATURE:

Luis F. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/99

Daytime Phone #

(305) 825-0252

CR2E034 (5/99)