

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90009 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000058336**

1. Corporation Name  
**PUB SET MIAMI, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 100 N.E. 38TH ST.  
 STE 1  
 MIAMI FL 33138  
 US

Mailing Address  
 100 N.E. 38TH ST.  
 STE 1  
 MIAMI FL 33138  
 US

3. Date Incorporated or Qualified  
**07/10/1996**

4. FEI Number  
**65-0682265** 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 Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**LAWRENE A. SILVERMAN, P.A.**  
**8333 W. MCNAB ROAD**  
**SUITE 220**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
 81 Name **MICHAEL MOSKOS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1601 NE 49 ST.**  
 83  
 84 City **FT. LAUDERDALE FL** 85 Zip Code **33334**

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]* DATE **4/7/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>RICHARD BERNIEC</del>	
STREET ADDRESS	<del>2319 N.E. 16 AVE.</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>BARELAY GARNETT</del>	
STREET ADDRESS	<del>2319 N.E. 16 AVE.</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MIKE MOSCOC MOSKOS</b>	
STREET ADDRESS	<b>1601 N.E. 49TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PRES. DIRECT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MICHAEL MOSKOS</b>
3.3 STREET ADDRESS	<b>1601 NE 49 ST.</b>
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KAREN LA ROCCA</b>
4.3 STREET ADDRESS	<b>555 NW 43 ST.</b>
4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/7/99** 305 438 1900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)