

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092412 (1)

1. Corporation Name

THE BAHAMAS JUNKANOO REVUE, INC.



Principal Place of Business

Mailing Address

1875 NORTHWEST 172 TERRACE
MIAMI FL 33269

1875 NORTHWEST 172 TERRACE
MIAMI FL 33056-4833

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 69-4114

Suite, Apt. #, etc.

27

City & State

28

Miami, Fl.

29

33269

Country

30

Dade

4. FEI Number

(ein) 65-0707564

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Langston Longley

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

1875 N.W. 172nd Ter.

83

84 City

Miami

FL

85 Zip Code
33056

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 Langston O. Longley

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|---------------------|----------------------------|-----------------|---------------------------------|
| PTD | DEAN, DAVID T | 1875 NORTHWEST 172 TERRACE | MIAMI FL 33269 | <input type="checkbox"/> |
| VSD | LONGLEY, LANGSTON O | 1875 NORTHWEST 172 TERRACE | MIAMI FL 33269 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|--|---|
| 2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td> | 2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td> | 2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td> | 2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td> | 3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td> | 3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td> | 3.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td> | 4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td> | 4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td> | 4.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td> | 5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td> | 5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td> | 5.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T DEAN

Date

4-29-97

Daytime Phone #

805 693 7307

0142819

CR2E034 (9/96)