Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90029 017 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POGOCO98472

1. Corporation CASH AF	PPEAL ENTERTAINME	NT, INC.									
Principal Place of Business		Mailing A	Mailing Address				7	E - OBSTORS OF DEPLOY BY DE	MAM ANNE MANTE MAN		MB10 1104 1007
STE. 4, 1355 M		•	STE. 4. 1355 MERIDIAN AVE.								
MIAMI FL 3(139			MIAMI FL 33139								
									T WRITE IN TH	S SPACE	
							3.	Date Incorporated or Qu	ıalifed		
								12/05/1996	<del></del>		
2. Principal Pla	ace of Business	2a. Mailir	2a. Mailing Address					FEI Number		<u></u>	lied For
21		26						65-0713204			Applicable
Suite, Apt. i	#, etc.	Suite	Suite, Apt. #, etc.				5.	Certifcate of Status Des	ired 🔲	<b>\$8.75</b> A	
22			27				_		<del> </del>		
City_& S:ate	<u> </u>	<del> </del>	City & State			_	_ 6 <u>.</u>	Election Campaign Fina	ncing	\$5.00 !	- 1
23		28						Trust F und Contribution		Added to	rees
Zip	Country	Zip	— — — — — — — — — — — — — — — — — — —			Country		This corporation owes the	ne current year		IJNo
24	25		29 30					Persor al Property Tax.	<u> </u>		17140
	9. Name and Address of	Current Registered	Agent	<del></del> ∔,	81 Na			Name and Address of		d Agent	
(***) AA	ICC INC			'	Na Na	ime K	( L )	) MCMA	HON		
FILINGS, INC.				1	82 St	eet Ac dr	ress (P	O. Box Number is Not A	(cceptable)	A : 0	
3732 N.W. 16TH STREET						$3 \perp E$	<u>. 4</u>	1355 ME	RIDIA	YOR	
FI. L	AUDERDALE FL 33311-41	32		{	83						1
				<u> </u>	84 Cit	V 1 4 2 5		, 0		85 Zip C	ode
						WI	AW	11 BEACL	F	L 33	39
11. Pursuant to	to the provisions of Sections 6 egistered agent, or bo h, in the n familiar with and accept the	07.0502 and 607.150 State of Florida. Suc obligations of, Section	08, Florida Statu ch change was a on 607.0505, Fl	tes, the about the state of the	ove-nar by the otes.	ned corp corporation	oration on's bo	n submits this statement pard of cirectors. I hereby			registered stered
SIGNATURE	Signature typed or printed name of regis	1 anst	-	Registered A		ature require	ed when re	einstating)	4-2C	1-79	
12.		RS AND DIRECTOR		13.				ADDITIONS/CHANGES	OFFICERS,	ND DIRECTOR	S IN 12
TITLE	D		DELETE	1,1 1111	.E					Change	Addition
NAME	MCMAHON, R.W.			1.2 NAN	Æ						1
STREET ADDRESS	STE. 4, 1355 MERIDIAN	ΔVE		1.3 STR	EET ADDE	RESS					1
	MIAMI FL 33139	ATC.		. I	Y-ST-ZIP						ļ
CITY-ST-ZIP TITLE	D	<del></del>	DELETE	2.1 TITL						Change	Addition
·	LACA, MANUEL JR.			2.2 NAN						-	_
NAME	12245 SW 71ST CT.				EET ADDE	eree					
STREET ADDRE 3S				H		(233)					
CITY-ST-ZIP	MIAMI FL 33156	<del></del> _	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition
TITLE											
NAME				3.2 NAN							
STREET ADDRE 3S					REET ADDI	RESS					
*CITY-ST-ZIP			- DE:		Y-ST-ZIP					Change	Addition
TITLE			□ DELETE	4.1 TITL						L Change	□ variation
NAME				4.2 NA	ME	- {					}
STREET ADDRE 3S				4.3 STR	REET ADDI	RESS					
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP						
TITLE			□ DELETE	5 1 TITL	Æ	1				Change	☐ Addition

14. 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 a lother like empowered.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

4-20-99 Date

☐ Change

☐ Addition