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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000103953 (1)**

1. Corporation Name

AMERICAN PROMOTIONS, INC.

Principal Place of Business

**11710 NW S RIVER DR STE 216
MEDLEY FL 33178**

Mailing Address

**11710 NW S RIVER DR STE 216
MEDLEY FL 33178**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/23/1996

4. FEI Number

65-0722632

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**ARAN, FERNANDO S
710 S DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
BATISTA, ARNALDO FERNAN
STREET ADDRESS **11710 NW S RIVER DR STE 216**
CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME **D**
FERNANDEZ, GLADYS
STREET ADDRESS **11710 NW S RIVER DR, 216**
CITY-ST-ZIP **MEDLEY FL**

TITLE ☐ DELETE

NAME **VPS**
FERNANDEZ, IRIS M
STREET ADDRESS **11710 NW S RIVER DR, 216**
CITY-ST-ZIP **MEDLEY FL**

TITLE ☒ DELETE

NAME **VP**
FLUTIE, GLENN A
STREET ADDRESS **5330 SW 14 ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☒ DELETE

NAME **T**
GONZALEZ, SERGIO L
STREET ADDRESS **7278 BEDLINGTON RD**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☒ DELETE

NAME **D**
VOGELSANG, MARK
STREET ADDRESS **520 WATERMARK ST, 101**
CITY-ST-ZIP **DANIA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Arnaldo Fernandez-Batista

ARNALDO FERNANDEZ-BATISTA

3-10-98

305-887-9719

CR2E034 (10/97)