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## 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 # P97000017337

1. Corporation LBS ENT	ERTAINMENT INC.	0011001								
Principal Place	of Business	Mailing Address				(	II <b>88</b> 141 <b>88</b> 191	17611 18808 11104 )	1111 1881 1881	
10500 SW 127TI MIAMI FL 33176		10500 SW 127TH ST MIAMI FL 33176				DO NOT WRIT	E IN THIS	SPACE		_
						3. Date Incorporated or Qualifed 02/25/1997	· <del></del> -	· · · · · ·		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0741872			lied For Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Π	\$8.75 A		
City & State	•	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 M Added to		
Zip 24	Country 25	Zip 29	Count	гу		This corporation owes the curre     Personal Property Tax.	ent year int		□No	
<u></u> .L	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered	Agent		
			1	II Na	me		•			ŀ
LAMBERT, ARMANDO A 10500 SW 127TH ST			1	2 Str	eet Addr	ess (P.O. Box Number is Not Accepta	ble)		<del></del> .	
	II FL 33176		1	13						
				4 Cit	<del>,</del>			85 Zip C	ode	ł
							FL	<u>-                                     </u>		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obl	ate of Florida. Such change was a	nutnonzea i	ov the c	ned corp orporation	oration submits this statement for the on's board of directors. I hereby accept	purpose of t the appoi	changing its r intment as reg	egistered istered	
SIGNATURE					:i= .i=	dubar reinstation)	DATE			
40	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS		13.	Registered Agent signature require		ADDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12	5
12.	SD	DELETE		1.1 TITLE		ABB. Holyona		Change	☐ Addition	3
NAME	LAMBERT, ARMANDO	ANDO 1		E						2
STREET ADDRESS	10500 SW 127TH ST		1.3 STR	1.3 STREET ADDRESS						إ
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-ST-ZIP				F71.01	- A	ļ
TITLE	TD	DELETE 2.11			1	•		Change	☐ Addition	`
NAME	BEDOYA, MAURICIO	/ .	2.2 NAN							
STREET ADDRESS	9840 SW 100TH AVE			EET ADOR	ESS					
CITY-ST-ZIP TITLE	MIAMI FL 33176 PVD	☐ DELETE	3.1 TTL	<u>(-\$T-ZIP</u> F	<del></del>			- Change	Addition	ļ
NAME	STERN, RICHARD	<u></u>	3.2 NAM							
STREET ADDRESS	10383 SW 115TH ST			EET ADDR	ESS					1
CITY-ST-ZIP	MIAMI FL 33176		3.4. CIT	Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition	
NAME			4. 2 NAJ	ΛE						
STREET ADDRESS			4.3 STR	EET ADDA	ESS					
CITY-ST-ZIP				-ST-ZIP				☐ Change	☐ Addition	1
TITLE		☐ DELETE	5.1 TITL 5.2 NAM			,				-
NAME				EET ADDR						
STREET ADDRESS			3.3 STR	EE I ADDR	ᄧ					ſ

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 chapter 607, or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

CILI ARMANDO A. LAMBEAT

305-232-5667

Change

☐ Addition