

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

FILED
Feb 02 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 # P97000018512 (8)

1. Corporation Name

RJR ENTERTAINMENT CORP.



Principal Place of Business 8151 S.W. 93 COURT MIAMI FL 33173	Mailing Address 8151 S.W. 93 COURT MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 NW 127 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 2665 South Bay Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/27/1997	
22 City & State 23 PEMBROKE PINES, FL		27 City & State 28 Miami, FL		4. FEI Number 65-0788442	
24 33028 USA		29 33133 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GASSNER, JEFFREY S 3360 N.W. 72ND AVE. MIAMI FL 33122				10. Name and Address of New Registered Agent 81 Name TIMOTHY D. RICHARDS, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) RICHARDS, ATTORNEYS AT LAW 83 GRAND BAY PLAZA 2665 South Bayshore Drive # 703 84 City MIAMI FL 85 Zip Code 33133			
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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 *Timothy D. Richards* DATE 1/8/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSES, ROBERT W			1.2 NAME	MOSES, ROBERT		
STREET ADDRESS	8151 S.W. 93 COURT			1.3 STREET ADDRESS	2100 NW 127 Ave		
CITY-ST-ZIP	MIAMI FL 33173			1.4 CITY-ST-ZIP	Pembroke PINES, FL 33028		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOSES, RICHARD			2.2 NAME	MOSES, ROBERT		
STREET ADDRESS	8151 S.W. 93 COURT			2.3 STREET ADDRESS	2100 NW 127 Ave.		
CITY-ST-ZIP	MIAMI FL 33173			2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, ROLANDO III			3.2 NAME	MOSES, ROBERT		
STREET ADDRESS	1925 S.W. 21 STREET			3.3 STREET ADDRESS	2100 NW 127 Ave.		
CITY-ST-ZIP	MIAMI FL 33175			3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALDONADO, JUAN LUIS			4.2 NAME			
STREET ADDRESS	8151 S.W. 93 COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Robert W. Moses* REQUIRED

01-06-1998 (305) 858 9900

CR2E034 (10/97)