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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90152 045 ***158.75

DOCUMENT # P97000018512

1. Corporation Name

Principal Place of Business

RJR ENTERTAINMENT CORP.

2100 NW 127TH AVE 2665 SOUTH BAY SHOHE UR PEMBROKE PINES EL 33028 #703									
PEMBROKE PINES FL 33028 #703 US MIAMI FL 33133					DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or	Qualifed			
\						02/27/1997			
r	Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	olied For
2	1	•	26			65-0788442			Applicable
[Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status I	Desired D	\$8.75 A	
2	2		27					Fee Red	
City & State			City & State	7		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
2			28			Trust Fund Contribut			Fees
L	Zip ¬	Country	Zip	Country	•	8. This corporation owe	•		⊠No
2	4	25	29 30	<u> </u>		Personal Property Ta 10. Name and Address			
Name and Address of Current Registered Agent					Name				
	RICH	IARDS, TIMOTHY D ESQ		81	Wo	orld Corpora			C
		IARDS, ATTORNEYS AT LA	AW. GBP	82	Street Addre	565 South Ba	ot Acceptable) VShore D	rive	
l		SOUTH BAYSHORE DR.		83			4		
MIAMI FL 33133					Su	ite 703			
	1715 47			84	City Mi	ami	F	E 85 7373	1 ^d 33
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 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									registered
									istered
Į		9 - LA	1/4//			Timothy D			
	SIGNATURE	Signature, typed or printed name of regist	and agent and title if applicable. (NOTE: Reg	gistered Age	t signature required	when reinstating)	UATE		
	12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS		
	TITLE	PD	☐ DELETE	1.1 TITLE	AS				XXAddition
l	NAME	MOSES, ROBERT W		1.2 NAME	Ţį	mothy D. Ric	hards, E	sq.	
1	STREET ADDRESS	2100 NW 127TH AVE		1.3 STREE		65 South Bay		ive, ST	E 703
L	CITY-ST-ZIP	PEMBROKE PINES FL 33		1.4 CITY-S	T-ZIP Mi a	<u>ami, Florida</u>	33133	Change	☐ Addition
	TITLE .	STD	☐ DELETE	2.1 TITLE				☐ Criange	☐ Addition
j	NAME }	MOSES, ROBERT		2.2 NAME					
l	STREET ADDRESS	MECHADICS LIGHT IN THE		2.3 STREE	TADDRESS				
L	CITY-ST-ZIP -	<u>Pembroke Pines Fl 33</u>		2. 4 CITY-5	ST-ZIP				
	TITLE	10		3.1 TITLE				Change	☐ Addition
1	NAME	INOCEO, HODEITI		3.2 NAME					
ļ	STREET ADDRESS	2.00 1111 12.111112		3.3 STREE	TADORESS				
L	CITY-ST-ZIP	PEMBROKE PINES FL 33		3.4. CITY-9	ST-ZIP			Chanca	☐ Addition
	TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
l	NAME			4.2 NAME					
	STREET ADDRESS				TADDRESS				
L	CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP			Change	☐ Addition
	TITLE		☐ DELETE	5.1 TITLE				□ Change	☐ ¥0010011
	NAME			5.2 NAME	T ADDDC00				
	STREET ADDRESS				T ADDRESS				
_	CITY-ST-ZIP	51-21		5.4 CITY-S 6.1 TITLE	I(-ZIP		 -	Change	Addition
l	TITLE		□ DELETE	O. I IIILE	l			☐ change	L. Advidori

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Timothy D. Richards, AS, 01/14/99 (305) 898-000