

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90038 002 ***150.00

DOCUMENT # P97000019208

1. Corporation Name
ROXY ENTERTAINMENT AGENCY, INC.



Principal Place of Business
160 NW 176 ST
200-5
MIAMI FL 33169
US

Mailing Address
160 NW 176 ST
200-5
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0753534

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 160 NW 176 St.

26 160 NW 176 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200-5

27 200-5

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI FLORIDA

Zip

Zip

24 33169 25 DADE

29 33169 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRUCKER, A NORMAN
801 NORTHEAST 167TH STREET
SUITE 308
NORTH MIAMI BEACH FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE
NAME KAESTNER, MARIA
STREET ADDRESS 16300 NORTHEAST 19TH AVE, STE 101
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

1.1 TITLE DPT ☒ Change ☐ Addition
1.2 NAME KAESTNER, MARIA
1.3 STREET ADDRESS 160 N.W. 176 St. 200-5
1.4 CITY-ST-ZIP MIAMI FLORIDA 33169

TITLE DPT ☐ DELETE
NAME KAESTNER, MARIA
STREET ADDRESS 160 N.W. 176 St. 200-5
CITY-ST-ZIP MIAMI FLORIDA 33169

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Maria Kaestner* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-99

Date

305-792-9548

Daytime Phone #

CR2E034 (11/98)