

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90123 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000023198**

1. Corporation Name

**PROMOSPORTS INTERNATIONAL, INC.**

Principal Place of Business

**5808 SW 69TH AVE.  
MIAMI FL 33143**

Mailing Address

**5808 SW 69TH AVE.  
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1997**

4. FEI Number

**65-0734569**

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

**6601 SW 123 ST**

**P.O. Box 431821**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip Country

Zip Country

**33156**

**33243-1821**

9. Name and Address of Current Registered Agent

**PAZ, ANTONIO  
5808 SW 69TH AVE.  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

**81 Name ANTONIO R. PAZ**  
**82 Street Address (P.O. Box Number is Not Acceptable) 6601 SW 123 ST**  
**83**  
**84 City MIAMI FL 85 Zip Code 33156**

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

**ANTONIO PAZ**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/20/99**  
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE D**  
**NAME PAZ, ANTONIO**  
**STREET ADDRESS 5808 SW 69TH AVE.**  
**CITY-ST-ZIP MIAMI FL 33143**

☐ DELETE

**TITLE D**  
**NAME PAZ, MARIA**  
**STREET ADDRESS 5808 SW 69TH AVE.**  
**CITY-ST-ZIP MIAMI FL 33143**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME 6601 SW 123 ST**  
**1.3 STREET ADDRESS MIAMI, FL 33156**  
**1.4 CITY-ST-ZIP**

☒ Change ☐ Addition

**2.1 TITLE**  
**2.2 NAME 6601 SW 123 ST**  
**2.3 STREET ADDRESS MIAMI, FL 33156**  
**2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE**  
**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/99** **305/667-5337**  
Date Daytime Phone #

CR2E034 (1/98)