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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

P97000042110 (1)

FILED May 18 1998 8:00am Secretary of State

PAHK A	VENUE INTERNAT	TIONAL INC.									
Principal Plac	e of Business		Mailing Address					L ERBEIGNE EIG FRIEI ANDLI BALIL ARIEF ARLEF RAFI		1811 8811 (881	
3350 N.W.2ND AVE STE. B-38 3350 N.W.2ND AVE STE. BOCA RATON FL 33431 BOCA RATON FL 33431					B-38						
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								05/08/1997			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	1	Applied For	
21			26							vot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			:	5. Certificate of Status Desired		Additional Required		
City & State			City & State				A. Edwards Charles Charles				
23			28				Election Campaign Financing Trust Fund Contribution		May Be		
Zip Country						untry 8. This corporation owes or had					
24	25) -	[6]	30			1	Personal Property Tax due June 30.		No	
	9. Name and Addres				T		1	0. Name and Address of New Registe			
CA	LIENDO, SAM S				81	Name					
3350 N.W.2ND AVE., STE. B-38					82 Street Address (P.O. Box Number is Not			(D.O. Day Number in blot Assessable)			
BOCA RATON FL 33431					02	Sireer	Address	(P.O. Box Number is not Acceptable)		ĺ	
00	O/(1//(O/(1 E 0510)				83						
					14						
					84	City		1	FL 85 Zir	Code	
11. Pursuant office or r	to the provisions of Secti egistered agent, or both, im familiar with, and acco	ons 607.0502 and in the State of Flags the obligation	d 607.1508, Florida Sta lorida. Such change was s of, Section 607.0505.	lules, the a is authorize Florida Sta	above ed by atules	named the corp	corporat poration's	ion submits this statement for the purpos board of directors. I hereby accept the	se of changing appointment a	its registered is registered	
SIGNATURE			,								
ORGINATIONE	Signature, typical or printed name	of registered agent and	tille if approable (N	IOIL: Register	ed Ager	n) signalure	required wh	nen reinstating) DA	NE		
12,		FICEHS AND DI		13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	D		[_] DELETE		TITLE		1		∐ Change	Addition 3	
NAME	CALIENDO, SAM S			4	NAME		ļ			Į.	
STREET ADDRESS	3350 NW 2ND AVE			1.3 9	STREET	ADDRESS	ſ			ļi	
CITY-ST-ZIP	BOCA RATON FL	33431	I December		CITY-ST	- ZIP	<u> </u>		<u> </u>	1 4400	
TITLE	D		☐ DELETE	2.1 1			1		Change	Addition	
NAME	KESNER, KAREN F				NAME		1			1	
STREET ADDRESS	3350 N.W.2ND AV					ADDRESS					
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STREET ADDRESS				4		ADDRESS	}			-	
CITY-ST-ZIP				0.4 L	CITY-ST	-201	L				

14. Thereby 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 armusi 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 of an attachment with an address.

SIGNATURE: