

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

FILED

May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000061719

1. Corporation Name

SOUTH FLORIDA NIGHTS, INC.

Principal Place of Business

Mailing Address

5381 NW 190 Street  
Miami, FL 33055

5381 NW 190 Street  
Miami, FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applied

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 or has paid the current year Intangible  
Personal Property Tax due June 30

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael Taylor  
20401 NW 2nd Avenue #203  
Miami, FL 33055

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 PRESIDENT ☐ DELETE

NAME Michael C. Baugh  
STREET ADDRESS 5381 NW 190 Street  
CITY- ST- ZIP Miami, FL 33055

1.1 TITLE ☐ Change ☐ Add

TITLE VICE-PRESIDENT ☐ DELETE

NAME Diana Goundet  
STREET ADDRESS 5381 NW 190 Street  
CITY- ST- ZIP Miami, FL 33055

2.1 TITLE ☐ Change ☐ Add

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Add

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

800002532698  
-05/22/98--01013--029  
\*\*\*150.00

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

25  
5.20

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Add

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTORNEY-IN-FACT

5/5/97

305-652-0388