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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

P97000098627 (7)

PLAYLIGHT, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12606 SW 91 STREET 12605 SW 91 STREET SUITE 215 SUITE 215 DO NOT WRITE IN THIS SPACE MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 11/19/1997 2. Principal Place of Business 11 7238 UW Applied For 7238 NW 65-08114<u>83</u> 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be MAM Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DURAN & PELATI BUSINESS SERVICES, INC. 10300 SUNSET DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) #465 **MIAMI FL 33173** 84 City Zio 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE ROA, JULIAN NAME 1.2 NAME **CARRERA 9A #107-27** STREET ADDRESS 1.3 STREET ADDRESS SANTAFE DE BOGOTA, COLOMBIA-SA CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HERNANDEZ, MARIO A 22 NAME NAME 12605 SW 91 ST, STE 215 STREET ADDRESS 2.3 STREET ADORESS **MIAMI FL 33186** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied indicated on this annual report of suppliemer officer or director of the corporation or the Block 12 or Block 13 if changed, or on agrit. n supplied w failfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an ored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in SIGNATURE:

2/20/198