

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90003 007 \*\*\*550.00

DOCUMENT # **P97000106201**

1. Corporation Name

**EVENT SOLUTIONS, INC.**

Principal Place of Business

**4013 DOUGLAS ROAD  
COCONUT GROVE FL 33133**

Mailing Address

**4013 DOUGLAS ROAD  
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/17/1997**

2. Principal Place of Business

**21 1510 Madrid Street**

Suite, Apt. #, etc.

**22 #5**

City & State

**23 Coral Gables, FL**

Zip

**24 33134**

Country

2a. Mailing Address

**26 1510 Madrid Street**

Suite, Apt. #, etc.

**27 #5**

City & State

**28 Coral Gables, FL**

Zip

**29 33134**

Country

**30**

4. FEI Number

**APPLIED FOR/65-0800063**

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FREELAND, JORGE L ESQ.  
WHITE & CASE-200 S. BISCAYNE BLVD.  
50TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

**C T Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

83

84 City

**Plantation**

**FL**

85 Zip Code

**33324**

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 **C T Corporation System**

(NOTE: Registered Agent signature required when reinstating)

**PATRICIA A. CANARIO,  
SPECIAL ASSISTANT SECRETARY**

DATE

**8/4/99**

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE  
NAME **DOLPHIN-BADIA, WENDY**  
STREET ADDRESS **4013 DOUGLAS ROAD**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Dolphin-Badia, Wendy**  
1.3 STREET ADDRESS **1510 Madrid Street, #5**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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.

SIGNATURE:

**REQUIRED**

**Wendy Dolphin-Badia**

**(305) 461-6074**

CR2E034 (5/99)