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



PRESTIGE EVENTS PLANNING & MARKETING, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1. Corporation Name P98000003960

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90020 045 ***150.00



Principal Place	e of Business	Mailing Address			1 (2010) (10 1010) (2011 2011 2011 2011 2011 2011 2011 201
1110 NW 202 S		1110 NW 202 ST.			
MIAMI FL 33169	•	MIAMI FL 33169			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/12/1998
Principal Place of Business 2a. Mailing Address					74. FEI Number Applied For
├ ─ `	iace of busiless	— ·	26. Mailing Address		65.080.6320 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		S8.75 Additional
22			27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year
24	25	29	30		Intangible Personal Property. Yes No
•	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
	ZALEZ, WENDY C		82 Street		t Address (P.O. Box Number is Not Acceptable)
	NW 202 ST.		oz odeet /		
MIAM	II FL 33169			83	
				84 City	■■ 85 Zip Code
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida S	tatutes, the ab	ove-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				and Agent aigns	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D 01 102/107	DELET	13.	TLE	Change Addition
NAME	GONZALEZ, WENDY C		1.2 N/	AME.	
STREET ADDRESS	1110 NW 202 ST.			REET ADDRESS	.
CITY-ST-ZIP	MIAMI FL 33169			TY-ST-ZIP	
TITLE	D	DELE1			Change Addition
NAME	GONZALEZ, ORALNDO M		2.2 N/	WE	
STREET ADDRESS	1110 NW 202 ST.			REET ADDRESS	ORLANDO
	MIAMI FL 33169		1	TY-ST-ZIP	
CITY-ST-ZIP TITLE	MIMMI 1 E 33109	DELET			/ Change Addition
NAME .		DECE	3.2 N		
STREET ADDRESS				REET ADDRESS	
1				TY-ST-ZIP	_
CITY-ST-ZIP		DELE			Change Addition
NAME			4.2 N/		Change C Addition
				REET ADDRESS	
STREET ADDRESS				TY-ST-ZIP	
CITY-ST-ZIP TITLE		Преце			Change Addition
NAME		L DELET	5.2 N/		Change C Addition
				WE REET ADORESS	
STREET ADDRESS	,				
CITY-ST-ZIP				TY-ST-ZIP	C 1 44455-
TITLE	2 2 2 2 2 2 2	DELET			Change Addition
NAME	3 - 1 - 4		6.2 N/		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP	.,	*** *** *** * ***	6.4 CI	TY-ST-ZIP	in analysis 440 07/2000 Flyide Statutes I further earlier that the information

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: _