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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019128

260 CRANDON BLVD. SUITE 32-501

MIAMI FL 33149

MIAMI ADVERTISING FESTIVAL, INC.

Principal Place of Business	Mailing Address
ONE S.E. THIRD AVENUE SUITE 1960 MIAMI, FL 33731	one s.e. third Suite 1980 Miami Fl. 33131

May 01, 1999 8:00 am Secretary of State

05-01-1999 90069 012 ***150.00



ONE S.E. THIRD AVENUE SUITE 1980 MIAMI FL 33731	ONE S.E. THIRD AVENUE SHITE 1980 MIAMILFL 32131		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 260 CRANDON BLVD	26 260 CRANDO	M BLYD		Not Applicable	
Suite, Apt. #, etc> 22 32.501.	Suite, Apt. #, ets. 27 32, 501		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 MAN, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 33 144 [25] USA	Zip 29 33 149 30	Country U≤A	This corporation owes the current yes Personal Property Tax.	ear Intangible	
9. Name and Address of Curre	<u> </u>	1	10. Name and Address of New Regis	tered Agent	
AMKGS REGISTERED AGENTS, INC 1980 SUN TRUST INTERNATIONAL ONE S.E. THIRD AVENUE MIAMI FL 33131	81 Name WIGNEL CAUVI 82 Street Address (P.O. Box Number is Not Acceptable) 260 CAANDON BLYD SUITE 32501 83				
^		84 City Hi	a <i>lli</i>	FL 33 149	
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 printed name of registered age 12. OFFICERS AI	ant and title if applicable. (NOTE: Re	gistered Agent signature require	ADDITIONS/CHANGES TO OFFICE		
TILE D	Ø DELETE	1.1 TITLE	7,001110110101111101011101111011	☐ Change ☐ Addition	
NAME SANTIN, JORGE	-	1.2 NAME			
STREET ADDRESS 260 CRANDON BLVD. SUITE	32-501	1.3 STREET ADDRESS		; ,	
CITY-ST-ZIP MIAMI FL 33149		1,4 CITY+ST-ZIP			
TITLE D	X DELETE	2.1 TITLE	· .	☐ Change ☐ Addition	
NAME BELIZAN, RICARDO		2.2 NAME		Ì	
STREET ADDRESS 260 CRANDON BLVD. SUITE	2.3 STREET ADDRESS				
CITY-ST-ZIP MIAMI FL 33149	ياء ومي	2. 4 CITY-ST-ZIP	·	<u> </u>	
TITLE D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME CALIVI. MIGUEL		3.2 NAME			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with his 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 requirer 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 adactiment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

WATURE REQUIRED TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*305-606-536*7

Change

Change

Change

☐ Addition

☐ Addition

☐ Addition