Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90176 027 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000039871

1. Corporation Name

VESTEC ENTERTAINMENT CORPORATION

ļ						LEG LINIA FANKI NEUL NAEGI NIGI FRAK
Principal Place of Business Mailing Address					( 1041) But the least ( bits of the bottle of the	;
501 BRICKELL KEY DRIVE SUITE 602 501 BRICKELL KEY DRIVE SUI MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
}					05/04/1998	
Principal Place of Business 2a. Mailing Addre			dress		4. FEI Number	Applied For
21	to the contract of the contrac	26	٠		65-0836794	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27			g. Controlle of Citato Bearing	Fee Required
City & Sta	ite ·	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country .	Zip	Country		8. This corporation owes the current year	
24	25		30		Personal Property Tax.	☐Yes ☐No
<u></u>	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registers	ed Agent
A11	EN & CALEGO	·	"	Name		
ALLEN & GALEGO				Street Ad	dress (P.O. Box Number is Not Acceptable)	
601 BRICKELL KEY DRIVE SUITE 805						
MIAMI FL 33131				83		
	•		84	City		85 Zip Code
SIGNATURE		ligations of, Section 607.0505, Florid			ired when reinstating) DATE	
12,		AND DIRECTORS	13.	1 digitaliana i baqu	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	1	☐ DELETE	1.1 TITLE	M		Change Addition
NAME	<u> </u>		1.2 NAME	. •	HILTON E. HARPER	
STREET ADDRESS			1.3 STREET	ADDRESS	TOI BRICKELL ICEY DR. +6	2
CITY-ST-ZIP			1.4 CITY-S		MIAMI, FL. 33/21	
TITLE		☐ DELETE	2.1 TITLE	M	71777	☐ Change <b>Addition</b>
NAME			2.2 NAME	1	RAFAEL DIALBALART	
STREET ADDRESS	s)		.2.3 STREET	ADDRESS	SOI BRICKELL KEY DR. #608	<b>L</b> _
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	MIAMI, FL. 33/31	
TITLE		☐ DELETE	3.1 TITLE	М		☐ Change ☐ Addition
NAME			3.2 NAME		BRALLY ALEXANDER	_
STREET ADDRESS	s.		3.3 STREET	ADDRESS 4	BRALLY ALEXANDER #60	'ዱ
CITY-ST-ZIP			3.4. CITY-S		MIANI, FL. 33131	·
TITLE	<del> </del>	☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			ĺ
STREET ADDRESS	s		4.3 STREET	ADDRESS		
	1		4.4 CITY-S	r- <i>7</i> IP		
CITY-ST-ZIP			7.7 0 0			

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



DELETE

□ DELETE

☐ Change

☐ Change

☐ Addition

Addition