FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90205 029 ***158.75

PROFIT	_
CORPORATION	
ANNUAL REPORT	

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1333					
DOCUI	MENT # P98000	043649				
	MI'S-LIFE, EVENTS & PROD	DELCTRONS INC				
FINCTINA	IMI SENE, EVENIS & FIIOL	DOCTIONS INC.			C INDESIGNAL THE THIRD DESIGNATION OF STREET BROOM COME OF THE CORE CORE	
Principal Place	of Business	Mailing Address			1 JONIANN THE CONTRACTOR OF TH	
					•	
SUITE 160 294 SUITE 180 294						
	PEMBROKE PINES FL 30029 PEMBROKE PINES FL 33029				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					05/14/1998	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable	
21		Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt.	R, SIC.	27 Suite, Apr. #. etc.			5. Certificate of Status Desired Fee Required.	·
City & Stat		City & State			6 Fleeting Compoint Financing \$5.00 May Re	
23	•	28			Trust Fund Contribution Added to Fees	ı
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax. Yes No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
945	54 1180 A)	81 Name		
ZAFRA, LUIS A 18459 PINES BLVD. SUITE 198 - 294			t	82 Street Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33029		Į8:		83		ı
FEM	DAONE FRIES I E 33029	•	į.	84 City	85 Zip Code	
					FL The state of	
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes.	, the ab	ove-named con by the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent i a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statu	tes.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE					DATE .	_
12.	Signature, typed or privated name of registered agent OFFICERS AND		13.	igent algreture require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	8
TITLE	PD	DELETE	1.1 mm	E	☐ Change ☐ Addition	Ξ.
NAME	ZAFRA, LUIS A	-	12 NA	- i		CR2E034 (11/98)
STREET ADDRESS	18459 PINES BLVD. # 294.		5.3 STR	EET ADDRESS	\	й
CITY-ST-ZIP	PEMBROKE PINES FL 33029			Y-ST-ZIP		8
TITLE		☐ DELETE	211111		☐ Change ☐ Addition	$\overline{\mathbf{Q}}$
NAME			2.2 NAM	Æ	. 1	
STREET ADDRESS	•		23 STF	EEFT ADDRESS	· \	
CITY-ST-ZIP			2 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITL	Æ	☐ Change ☐ Addition	
HANE	*****		32 NA	Æ	·	

14. I hereby certify that the information supplied with this filling 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 recorporation or the recorporation or the 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 15 and 15 with all other like empowered.

IGNING OFFICER OR DIRECTOR

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY- ST- ZIP

4.4 CITY-ST-ZP

3.4. CITY-5T-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

62NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CJTY-ST-ZIP

me

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

Change

Change

☐ Change

Addition

Addition

Addition