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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085126

1. Corporation Name

AFTER DARK INC

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90251 024 ***150.00

JANK, INC.							### ##################################
e of Business	Mailing Address					865 8848 1818 81 3 8 1	(816) HOLD BILL 1881
3130 BIRD AVE. #2 3130 BIRD AVE. #2 MIAMI FL 33133 MIAMI FL 33133							
						IN THIS SPACE	
							
Place of Business	2a. Mailing Addr	ess			4 FEI Number		Applied For
WASHINGTON AV	E. 26				65-0868118		Not Applicable
#, etc.	— <u> </u>	, etc.					5 Additional Required
e	City & State				6. Election Campaign Financing		О Мау Ве
					Trust Fund Contribution	Adde	d to Fees
20 - UCA			Country		This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	□No
- /	rrent Registered Agent				10. Name and Address of New Reg	istered Agent	
			81	Name			
MACHADO, BRASILIO 3130 BIRD AVE, #2			82 Street Add		fress (P.O. Box Number is Not Acceptable	·)	
MI FL 33133			83				
			84	City		FI 85 Z	ip Code
registered agent, or both, in the St	ate of Florida. Such chan	da Statutes, the	he above rized by	e-named corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing se appointment as	its registered registered
am familiar with, and accept the ob	oligations of, Section 607.0	0505, Florida :	Statutes.	•			
arm familiar with, and accept the ob	ligations of, Section 607.0	(NOTE: Regis	Statutes stered Agen	•	red when reinstating)	DATE	
am familiar with, and accept the ob-	d agent and title if applicable.	(NOTE: Regis	Statutes.	•		DATE ERS AND DIREC	TORS IN 12
am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	d agent and title if applicable.	(NOTE: Regis	stered Agen 13. 1.1 TITLE	•	red when reinstating)	DATE	TORS IN 12
Signature, typed or printed name of registered OFFICERS P MACHADO, BRASILIO	d agent and title if applicable.	(NOTE: Region	stered Agen 13. 1.1 TITLE 1.2 NAME	it signature requir	red when reinstating)	DATE ERS AND DIREC	TORS IN 12
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	lace of Business WASHINGTON AV #, etc. E Country 9. Name and Address of Cu CHADO, BRASILIO BIRD AVE, #2 MI FL 33133	3130 BIRD AVE. MIAMI FL 33133 Place of Business WASHINGTON AVE. #, etc. City & State Country 25 9. Name and Address of Current Registered Agent CHADO, BRASILIO D BIRD AVE, #2 MI FL 33133	3130 BIRD AVE. #2 MIAMI FL 33133 Place of Business WASHINGTON AVE. 26 #, etc. City & State Country Zip Suite, Apt. #, etc. 28 Country Zip 9. Name and Address of Current Registered Agent CHADO, BRASILIO D BIRD AVE, #2 MI FL 33133	3130 BIRD AVE. #2 MIAMI FL 33133 Place of Business WASHINGTON AVE. 26 #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip SHADO, BRASILIO D BIRD AVE, #2 MI FL 33133 81 CHADO, BRASILIO D BIRD AVE, #2 MI FL 33133	3130 BIRD AVE. #2 MIAMI FL 33133 Place of Business WASHINGTON AVE. 26 #, etc. City & State Country Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. 28 PMI BOTH	Mailing Address 3130 BIRD AVE. #2 MIAMI FL 33133 DO NOT WRITE 3. Date Incorporated or Qualifed 10/02/1998 4. FEI Number 6. Suite, Apt. #, etc. City & State 6. Election Campaign Financing Trust Fund Contribution Country 7. Sip 7. Country 8. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent CHADO, BRASILIO D BIRD AVE, #2 MI FL 33133 Mailing Address 2a. Mailing Address 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution 7. Country 8. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name CHADO, BRASILIO D BIRD AVE, #2 MI FL 33133	3130 BIRD AVE. #2 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1998 4. FEI Number 65 - 08 (8 118) #, etc. Suite, Apt. #, etc. City & State Country Zip Country Jip Name Addess Addes

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #