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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90054 042 ***150.00

DOCUMENT # P98000090072 1. Corporation Name PLAYASUR INC.						
Principal Place	e of Business	Mailing Address				
30 NW 87TH AVE #203 30 NW 87TH AVE #203						
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					10/22/1998	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 26					65-0871454 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			-		\$8.75 Additional	
27					Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	Count		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ıy	This corporation owes the current year Intangible Personal Property Tax.	
24	9 Name and Address of Curren	29 3	<u>الا</u>		10. Name and Address of New Registered Agent	
	9. Name and Address of Conten	t registered Agein	8	1 Name		
NOV	O, FRANK				· · · · · · · · · · · · · · · · · · ·	
30 NW 87TH AVE., #203			l*	2 Street /	t Address (P.O. Box Number is Not Acceptable)	
MIAN	AI FL 33172		8	3		
			-	4 000	85 Zip Code	
				4 City	FL 1	
SIGNATURE	egistered agent, so both in the State in familiar with and accept the poliga Signature, typed or printed name of registered agent				d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/VP/T	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition	
NAME	novo, Frank		1.2 NAM			
STREET ADDRESS	30 NW 87TH AVE., #203		1.3 STRE	ET ADDRESS	S	
CITY-ST-ZIP	MIAMI FL 33172	E) perete	1.4 CITY		Change Addition	
TITLE	0/19/5	☐ DELETE	2.1 TITLE			
NAME	DIAZ, JESSE		2.2 NAM	ŀ		
STREET ADDRESS	10000 NW 9TH ST CIRCLE #5	F .		ETADDRESS	s	
CITY-ST-ZIP	MIAMI FL 33172	☐ DELETE	2.4 CITY 3.1 TITLE		☐ Change ☐ Addition	
TITLE NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS	s	
CITY-ST-ZIP			3.4. CITY		•	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS	S	
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE	- 1	Change Addition	
NAME			6.2 NAM	ET ADDRESS		
STREET ADDRESS					7	
CITY-ST-ZIP			6.4 CITY	-31-217	<u> </u>	

14. I hereby certify that the information supplied with this filing does not gualify 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 that an 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #