FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

4-15-96 B 3563 -C

DOCUMENT # **S60295** (0)

1. Corporation Name
AD LIB PROMOTIONS, INC.

Principal Place of Business	Mailing Address
555 NE 15TH ST 30 -D MIAMI FL 33132 US	555 NE 15TH ST 30-D MIAMI FL 33132 US

3. Date Incorporated or Qualified: 06/18/1991	3a. Date of Last Report: 07/10/1995
4. FEI Number: 65-0283134	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1220 NE 94th ST.	26 1220 NE 94th ST
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI SHORES FL	City & State 28 MIAMI SHORES, FL
Zip 24 33138 Country 25 DADE	Zip 29 33138 Country 30 DADE

9. Name and Address of Current Registered Agent

GREENSPAHN, MELVYN G.
3550 BISCAYNE BLVD
SUITE 404
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: BERNARD CHARIFF
82 Street Address (P.O. Box Number is Not Acceptable): 780 NE 69th ST # 1402
83 SUITE 1402
84 City: MIAMI FL 85 Zip Code 33138

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] 4/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☑ DELETE	1 1 TITLE	PRES, V. PRES	☑ Change ☐ Addition
NAME	CHARIFF, BERNARD		1 2 NAME	JONATHAN CHARIFF	
STREET ADDRESS	555 NE 15TH ST #30-D		1 3 STREET ADDRESS	1220 NE 94th ST	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	MIAMI SHORES, FL. 33138	
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/10/96 305 532-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)