FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:43

DOCUMENT # **V33849** **(3)**

1. Corporation Name
CORPEVENTS, INC.

Principal Place of Business	Mailing Address
2937 SW 27TH AVE. SUITE 305 MIAMI FL 33133	2937 SW 27TH AVE. SUITE 305 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **65-0333642** ☐ 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

9. Name and Address of Current Registered Agent

WILHELM, SILVIA
3820 STEWART AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: SILVIA WILHELM
82 Street Address (P.O. Box Number is Not Acceptable): 1925 BRICKELL AVE, TH 17
83: Miami, FL 33129
84 City: MIAMI FL 85 Zip Code: 33129

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	COURT, JAIME	12 NAME	
STREET ADDRESS	2601 S BAYSHORE DR, STE 750	13 STREET ADDRESS	2937 SW 27 Avenue, Ste. 305
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WILHELM, SILVIA	22 NAME	
STREET ADDRESS	2601 S BAYSHORE DR, STE 750	23 STREET ADDRESS	2937 SW 27 Avenue, Ste. 305
CITY-ST-ZIP	MAIMI FL	24 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	WILHELM, CHARLES C.	32 NAME	
STREET ADDRESS	2601 S BAYSHORE DR, STE 750	33 STREET ADDRESS	2937 SW 27 Avenue, Suite 305
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	REUSS, IRINA	42 NAME	
STREET ADDRESS	2601 S BAYSHORE DR, STE 750	43 STREET ADDRESS	2937 SW 27 Avenue, Suite 305
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FL 33133
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Irina Reuss 2/9/95 (305)445-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #