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

APPROVED AND FILED
95 MAR -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65691 (0)

1. Corporation Name
GAME ENTERPRISES, INC.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DRIVE SUITE 506 FT LAUDERDALE FL 33304	915 MIDDLE RIVER DRIVE SUITE 506 FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1992	3a. Date of Last Report: 07/19/1994
4. FEI Number: 65-0356906	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE
SUITE 506
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number Is Not Acceptable)
03	
04 City	FL 05 Zip Code

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	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEJIA, ALVARO	1.2 NAME	
STREET ADDRESS	4900 N. OCEAN BLVD. #1006	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PSD	2.1 TITLE	VP/S/D XX Change XX Addition
NAME	GAVIRIA, LUIS FERNANDO	2.2 NAME	GAVIRIA, LUIS FERNANDO
STREET ADDRESS	4900 N OCEAN BLVD #1006	2.3 STREET ADDRESS	4900 N. Ocean Blvd. #1006
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	400001420524
STREET ADDRESS		3.3 STREET ADDRESS	-03/03/95--01039--010
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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/We hereby certify that the information supplied with this filing is voluntarily furnished and made current by the corporation stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that the 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: _____ Jan 30/95 (305)534-1103
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #
ALVARO Mejia, President

03/2031 CP