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

DOCUMENT # L80495 (9)

1. Corporation Name
ARMANDO PLATA PRODUCTIONS, INC.

Principal Place of Business
4960 SW 72ND AVENUE
SUITE 208
MIAMI FL 33155
US

Mailing Address
4960 SW 72ND AVENUE
SUITE 208
MIAMI FL 33155
US

2. Principal Place of Business
21 178 GIRALDA ST
Suite, Apt. #, etc.
22 Suite 178
City & State
23 CORAL GABLES, FL
Zip
24 33134
Country
25 USA

2a. Mailing Address
26 178 GIRALDA ST
Suite, Apt. #, etc.
27 Suite 178
City & State
28 CORAL GABLES, Fl
Zip
29 33134
Country
30 USA

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 04/12/1995
4. FEI Number: 65-0200631 ☐ 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
PASTOR, EMILIO C.
155 S MIAMI AVE
PENTHOUSE I
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	AZUERO, CECILIA	
STREET ADDRESS	5700 SAN VINCENTE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVS	☒ DELETE
NAME	SABOGAL, MYRIAM GUEVARA	
STREET ADDRESS	CARRERA 56-A 137-A, 35	
CITY-ST-ZIP	BOGOTA, SOUTH AMERICA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: APlata — 4-1st/96 — (305) 6630157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #