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TREASURER, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M21205** (3)

1. Corporation Name
L.C. ISLAND PRODUCTION CORPORATION

Principal Office (If Not Mailing Address) Mailing Address
**57 HARBOR DR
SUITE 57
KEY BISCAYNE FL 33149** **57 HARBOR DR
SUITE 57
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/27/1985** 3a. Date of Last Report **04/27/1994**
4. FFI Number **59-2581945** 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**
6. This corporation has liability for intangible tax under § 199.033 Florida Statutes Yes No

2. Name of Officer or Director 2a. Mailing Address
21 26
22 Suite Apt # etc. 27
23 City & State 28
24 County 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**CASTILLO, LUIS R.
2710 SW 31ST AVE
MIAMI FL 33133**

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 607.0902 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered principal office) 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 I accept the obligations of Section 607.0903 Florida Statutes.

SIGNATURE _____ Title of Registered Agent or Director (If Not Applicable) _____

12. OFFICERS AND DIRECTORS
NAME: **PST CASTILLO, LUIS R. 2710 SW 31ST AVE MIAMI FL**
NAME: **D CASTILLO, LUIS R. 2710 SW 31ST AVE MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP Change Addition
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP Change Addition
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.006 Florida Statutes. I further certify that the information included 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 available or able for all the corporation or its officers or directors empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, or on an affidavit with an address.

SIGNATURE: SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4-31-98 305 265 7027