

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 10 AM 7:42

DOCUMENT # M39752

(4)

1. Corporation Name

DIGITAL MULTIMEDIA PRODUCTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001534593

-07/11/95--01060--015

***\$225.00 ***\$225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
595 N.W. 48TH CT.
MIAMI FL 33126

Mailing Address
595 N.W. 48TH CT.
MIAMI FL 33126

3. Date Incorporated or Qualified
10/08/1986

3a. Date of Last Report
04/21/1994

2. Principal Place of Business
21 366 N.W. 164th Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 366 N.W. 164th Ave
Suite, Apt. #, etc.

4. FEI Number
65-0192870

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

22 City & State
23 Pembroke Pines, FL
24 33028 25 Broward
26 33028 27 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARD, JOSE
595 N.W. 48 COURT
MIAMI FL 33126

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VID
RODRIGUEZ, PARDO JORGE
595 NW 48TH COURT
MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
RODRIGUEZ, IVETTE A.
595 NW 48TH COURT
MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(b), 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:

IVETTE A. RODRIGUEZ
IVETTE A. RODRIGUEZ

5/26/95