

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0053822

PROFIT CORPORATION ANNUAL REPORT



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

FILED

99 SEP 23 AM 8:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P30381 (8)

1. Corporation Name  
 MENDEZ PRODUCTIONS, INC.

Principal Place of Business  
 71-78 SW 117 AVE.  
 MIAMI FL 33183

Mailing Address  
 71-78 SW 117 AVE.  
 MIAMI FL 33183

REINSTATEMENT 98-99  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 07/10/1990

4. FEI Number

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELEON, KIRK D P.A.  
 2 NE 40TH ST.  
 2ND FLOOR EAST  
 MIAMI FL 33187

7 NW 2ND ST SUITE 218  
 MIAMI FL 33128

81 Name

82 Street Address (P.O. Box Number) 18690 SW 100ST

10/05/99-01113-005

\*\*\*900.00 \*\*\*900.00

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, to 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)

9/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD  
 NAME: MENDEZ, BENJAMIN  
 STREET ADDRESS: 140-20 SW 51 ST.  
 CITY-ST-ZIP: MIAMI FL 33175  
 TITLE: SD  
 NAME: MENDEZ, CARMEN  
 STREET ADDRESS: 140-20 SW 51 ST.  
 CITY-ST-ZIP: MIAMI FL 33175

1.1 TITLE: Change Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS: 18690 SW 100ST  
 1.4 CITY-ST-ZIP: MIAMI FL. 33183.  
 2.1 TITLE: Change Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS: 18690 SW 100ST  
 2.4 CITY-ST-ZIP: MIAMI FL. 33183.  
 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:

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.31.99, 596-5056

Date

Daytime Phone #

CR2E034 (5/98)