## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90090 031 \*\*\*150.00

DOCUMENT #	P94000085694
	I UTUUUUUUU

1. Corporation Name

PALUMB	O PRODUCTIONS INC.								
Principal Place	e of Business	Mailing Address				\$ 100 times in a legal early and in		#1 #114# Bitle	10111 6101 1031
1112 NW 129 CT 1112 NW 129 CT STE 325 STE 325 MIAMI FL 33182 MIAMI FL 33182						DO NOT WRITE IN THIS SPACE			
US	_	. US		-	_	3. Date Incorporated or Qualifed	-		İ
	•					11/16/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				65-0537679		<u></u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip <b>24</b>	Country 25	Zip 29	Count 30			This corporation owes the current year Intangible Personal Property Tax. Yes		ngible XYes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name		ر بفته خ		
	NO, RAIZA ? NW 129 CT			82	Street Add	lress (P.O. Box Number is Not Acceptable	ie)		
MIAN	M FL 33182			83			ėį.		
				84	City		FL	1 1 .	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607. egistered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	tes, the a authorized orida Stati	bove l'by utes	e-named cor the corporat	poration submits this statement for the pi ion's board of directors. I hereby accept	the appoin	ment as re	egistered egistered
SIGNATURE	Signature, typed or printed name of registered	arent and title if applicable (NOT	- Registered	Agen	nt signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	PATINO, RAIZA		1.2 N	AME					
STREET ADDRESS	21008 SW 121 AVE.		1.3 S	TREET	ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33177		1.4 CI	TY-S1	T-ZIP				
TITLE	D	☐ DELETE	2.1 TI	TLE				☐ Change	Addition
NAME	PALUMBO, JAVIER		2.2 N	AME					
STREET ADDRESS	21008 SW 121 AVE.		2.3 \$1	TREET	T ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33177		2.40	ITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			<del></del>		☐ Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			,3.3 S1	TREET	TADDRESS				<b>\</b>
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 ∏	TLE		m-		Change	Addition
NAME			4. 2 N	AME					` .
STREET ADDRESS			4.3 S	TREE1	TADDRESS	•			•
CITY-ST-ZIP			4,4 CI	ITY-S	T-ZIP				
TITLE		☐ DELETE						Change	☐ Addition
NAME			5.2 N						
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				TY-S	T-ZIP			C7.05	- Addition
TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME			6.2 N		T 1 DDDCC0				
CTDEET ADDDESS	i		■ 6.3 S	IREET	T ADDRESS				}

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 true exempowered 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 assemble of the corporation of the receiver or true 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 true 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 true 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 true exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or true exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or true exemption of the corporation of the receiver of the corporation of the receiver of the corporation

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

Daytime Phone #