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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000070930 (8)

1. Corporation Name:
AMAZONA PRODUCTIONS, INC.



Principal Place of Business:
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

Mailing Address:
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134-5108

3. Date Incorporated or Qualified
08/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 737 GLENRIDGE ROAD
Suite, Apt. #, etc

25 5900 JOHNSON STREET
Suite, Apt. #, etc

4. FEI Number

65-0706078

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

23 KEY BISCAYNE - FLORIDA
City & State

28 HOLLY WOOD - FLORIDA
City & State

24 33149
Zip Country

29 33021 - 5638
Zip Country

30 U.S.A

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name THIERRY AMELLER
82 Street Address (P.O. Box Number is Not Acceptable)
5900 JOHNSON STREET
83
84 City HOLLY WOOD FL 85 Zip Code 33021-5638

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 type over printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AMELLER, THIERRY	
STREET ADDRESS	201 ALHAMBRA CIR, STE 711	
CITY - ST - ZIP	CORAL GABLES FL 33134	
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	

14. I do 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 (954) 9637555
Date Daytime Phone #

CR2E034 (9/96)