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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100951 (8)

AQUARIUS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 12 1997 8:00am Secretary of State



Principal Place 	OF Business	Mailing Address				, .,		
16311 S.W. 81ST MIAMI FL 33193	STREET	16311 S.W. B1ST STRE MIAMI FL 33183-5102	ET					
					Date Incorporated or Qualified 12/13/1996	Sa. Da	te of Last	Report
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-07238	-		Not Applicable
Suite, Apt #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23		28	1 0		Trust Fund Contribution			to Fees
<i>Z</i> ip 24	Country 25	Zip 29	Countr	ry	8. This corporation has liability for Florida Statutes		tax under] No	s. 199.032,
	9. Name and Address of Curr				10. Name and Address of New Re	glatered /	igent	
MAZA			8.	1 NE	ame			
	S.W. 81ST STREET		8:	2 Str	reet Address (P.O. Box Number is Not Acceptal	ole)		
MAMI	FL 33193		8:	3				
ı			_	1.			1221 =	
			84	4 Cit	ty	FL	85 Zip	o Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607 1508, Florida St	atutes, the abo	ve-nar	med corporation submits this statement for the p	ourpose of	changing	its registered
agent Lam	gistered agent, or both, in the Sta I familiar with, and accept the obli	igations of, Section 607.0505	vas authorized t 5, Florida Statute	oy the es.	corporation's board of directors. I hereby acce	or rue arbbi	JINITHENE &	s registered
SIGNATURE								
5	egrature. Typaka or printed name of registered a			gen! sigi	natura required when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTO Change	
TILLE		☐ herete	1.1 TITLE 1.2 NAME		PRESIDENT		T'' Cuanda	Addition
NAME STREET ADDRESS			1.3 STREE		ANA G. MAZA			
City - ST-ZIP			1.4 CITY-		(93/(W W 6/2)	763		
TITLE		DELETE			MANITEL 23	7.3	Change	Addition
NAME			2,2 NAME					-
STREET ADDRESS			2.3 STRE		RESS			
CHY-SI-ZIP			2. 4 CITY	-ST-ZIF	P	ь,		
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDR	RESS			
CHY-SE-ZP			3.4 CITY		P		F	····
Tritt		☐ DELETE	I		1		Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STREE					
City-\$1-ZiP	## A	DELETE	4.4 CITY-		,		Change	Addition
TOTLE NAME		Emi pricit	5.1 TITLE 5.2 NAME				- Similar	rwd((t))
STREET ADDRESS			5.3 STRE		RFSS.			
COTY - ST - ZIP			5.4 CITY-					
TILE		☐ DELETE					Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE		RESS			
CITY ST-ZIP			6.4 CITY					
44 tele hereb	sould, that the information as an	lind with this titue done and a			ion stated in Section 110 07(2)(I) Florida Statute	a I further	andifu the	at the

1. 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 composition 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 by if changed, or on an attachment with an address.

SIGNATURE:

Date (305) 380-0946 Daysma Prone • 000404