

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # PG6000053008(5)

1. Corporation Name
SheMar Productions, Inc.

Principal Place of Business
POST OFFICE BOX 560666
MIAMI FL 33256-0666

Mailing Address
POST OFFICE BOX 560666
MIAMI FL 33256-0666

3. Date Incorporated or Qualified 06/17/96
3a. Date of Last Report N/A

4. FEI Number 65-0714075
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

2. Principal Place of Business

21 9703 So Dixie Hwy.

22 #3

23 Miami FL

24 33156

25 USA

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARGARET A. ZESKIND
9703 SOUTH DIXIE HWY. #2F
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9703 South Dixie Hwy. Suite 3

83

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, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL PAGES TO OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME SHEILA E. SILVERBERG
STREET ADDRESS 9703 SO. DIXIE HWY. #2F
CITY-ST-ZIP MIAMI FL 33156

11 TITLE
12 NAME
13 STREET ADDRESS 9703 South Dixie Hwy. Suite 3
14 CITY-ST-ZIP

TITLE VP
NAME MARGARET A. ZESKIND
STREET ADDRESS 9703 So. Dixie Hwy. #3
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S/T
NAME MARGARET A. ZESKIND
STREET ADDRESS 9703 So. Dixie Hwy. #3
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

600002188756
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CS
5/13/97