

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

DOCUMENT # P94000083691

1. Corporation Name

A SQUARED PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

15329 SW 53 LANE
MIAMI FL 33185
US

15329 SW 53 LANE
MIAMI FL 33185
US

FILED
99 JAN 12 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1994

4. FEI Number

65-0543806

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Ariel Rubalcava
82 Street Address (P.O. Box Number is Not Acceptable)
15329 SW 53 Ln.
83
84 City Miami FL 85 Zip Code 33185

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

Ariel Rubalcava
Signature, typed or printed name of registered agent and title if applicable.

President

1-7-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RUBALCAVA, ARIEL
STREET ADDRESS 15329 SW 53 LANE
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME HERNANDEZ, RITZ
STREET ADDRESS 15329 SW 53 LANE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME OELA, WILLIAM
STREET ADDRESS 2005 SAN ASAUCY BLVD #306
CITY-ST-ZIP NORTH MIAMI FL

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 P ☒ Change ☐ Addition
1.2 NAME RUBALCAVA, ARIEL
1.3 STREET ADDRESS 15329 SW 53 LANE
1.4 CITY-ST-ZIP MIAMI FL 33185

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME ERIC RUBALCAVA
2.3 STREET ADDRESS 15329 SW 53 LANE
2.4 CITY-ST-ZIP MIAMI FL 33185

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME VELA, WILLIAM
3.3 STREET ADDRESS 2525 SW 3rd Ave. Suite 414
3.4 CITY-ST-ZIP Miami, FL 33129

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 400002744564-8
4.3 STREET ADDRESS -01/15/99-01107-022
4.4 CITY-ST-ZIP ***158.75 ***158.75

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, with all other like empowered.

SIGNATURE:

Ariel Rubalcava
Signature and typed or printed name of signing officer or director
President 1-7-99 305-220-5441
Date Daytime Phone #

CR2E034 (11/98)