## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNÚAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

6755 SW 39 TERR

MIAMI FL 33155

US

21

22

23

24

Zip

SIGNATURE

SIGNATURE:

12.

TITLE



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P94000012820

WORLD BEAT PRODUCTIONS, INC.

CR2E034 (5/99) CIMADEVILLA, MANUEL NAME 1.2 NAME 6755 SW 39 TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE CIMADEVILLA, ANDREA A 2.2 NAME NAME 6755 S.W. 39 TERRACE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP TITLE 6.1 TITLE \_\_\_ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZiP 14. I hereby certify that the information supplied with this filing does not fualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is fue 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 are 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

OF SIGNING OFFICER OR DIRECTOR

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90004 025 \*\*\*150.00

Corporatio	IVI⊏INI# nName	P94000	0128	20			,	/			
ORLD BEAT PRODUCTIONS, INC.											
cipal Place of Business Mailing Address											
SW 39 TERR 6755 SW 39 TERR											
SW 39 1ERN 6755 SW 39 1ERN 1 FL 33155 MIAMI FL 33155											
U\$									DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified 02/16/1994		
Principal Place of Business 2a. Mailing Address									4. FEI Number	Applied For	
26				_					65-0437516	Not Applicable	
uite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
			27	27					3. Certificate of Status Desired	Fee Required	
ity & Stat	е		City	City & State					6. Election Campaign Financing	\$5.00 May Be	
			28						Trust Fund Contribution	Added to Fees	
ip Country		Zip	<b>⊢</b>		untry			8. This corporation owes the current year	Yes No		
25   9. Name and Address of Curre			29 30			_			Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent		
	5. Name and	Address of Curren	r veAlsteren	Agent		81	Name		To. Haile and Address of Hew Neglatorou	- Agont	
CIMADEVILLA, MANUEL									~		
6755 S.W. 39 TRRACE					8			reet Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33155											
						84	City			85 Zip Code	
									FL		
office or	registered agent	s of sections 607.0502 , or both, in the State and accept the obliga	of Florida, St	uch change was	authorized	d by	the corp	corpora	tion submits this statement for the purpose of class board of directors. I hereby accept the appo	intment as registered	
NATURE		<u> </u>									
Signature, typed or printed name of registered agent and title if applicable. (NO							gent signat	ure require	ad when reinstating) DATE	ND DIRECTORS IN 12	
PD OFFICERS A			D DIRECTO		13.			1	ADDITIONS/CHANGES TO OFFICERS A		
	CIMADEVILLA, MANUEL			☐ DELETE	1.2 NAME					Change Addition	
ATCC ON AN TERM					1.3 STREET ADDRESS						
ST-ZIP MIAMI FL 33155					1.4 CITY-ST-ZIP						
) 1-ZIF	V		***************************************	DELETE	2.1 TI		-211	<del> </del>		Change Addition	
	CIMADEVILLA, ANDREA A			DELETE	2.2 NAME						
TADDRESS 6755 S.W. 39 TERRACE				2.3 STREET AD			ADDRESS				
ST-ZIP	MIAMI FL 33155				2.4 CI	2.4 CITY-ST-ZIP					
				DELETE	3.1 Ti	3.1 TITLE				Change Addition	
					3.2 NA	ME					
TADDRESS					3.3 ST	REET	ADDRESS				
T-ZIP					3.4 CI	TY-ST	-ZIP				
	DELETE			DELETE		4.1 TITLE				Change Addition	
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TADDRESS							ADDRESS	1			
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				— DELETE	6.2 NA					C Olicingo C Accurosi	
	]							1		i	

Daytime Phone #

I had sent my annual report filling. For some reason it did not get there. It must have gotten mix up in the mail. Thank you for your patience.

Manuel Cimadevilla