04-23-1999 90124 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F39211

MIAMI TELE-PRODUCTION, INC.

Principal Place of Business Mailing Address						
14461 SW 43 TERRACE 14461 SW 43 TERRACE						
14461 SW 43 TI	•		14461 SW 43 TERRACE			50 NOT WEST IN THE 05405
MIAMI FL 33175 MIAMI FL 33175						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/03/1981
2. Principal Pi	lace of Business	2a. Mailing Addres	2a. Mailing Address +-			4. FEI Number Applied For
21		26	26			59-2129584 Not Applicable
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
<u>-</u>	9. Name and Address of Current	Registered Agent	stered Agent			10. Name and Address of New Registered Agent
-				81	Name	
DIAZ	, LUIS G			L		
	1 SW 43RD TERR.		82		Street Ad	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33175				83		
***************************************	112 00 110			"		
				84	City	85 Zip Code
				لط		FL °° 25 3333
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 of printed name of registered agent	t and title if applicable.	(NOTE: Registered	Agen	t signature req	equired when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEL	ETE 1.1 TI	TLE		Change Addition
NAME	HERNANDEZ, ROBERTO F		ME			
STREET ADDRESS	9625 CORAL WAY C-102		1.3 S		ADDRESS	
	MIAMI, FL 00000		1.4 CITY			•
CITY-ST-ZIP TITLE			_	1-21	☐ Change ☐ Addition	
NAMÉ	DIAZ, LUIS G					
STREET ADDRESS				2.3 STREET ADDRESS		(
CITY-ST-ZIP				T-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	D DELETE 3.1 T				Change Addition	
NAME	DIAZ, XIOMARA		ME			
STREET ADDRESS	DORESS 14461 SW 43RD TERR.		3.3 \$7	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 3.4		3.4. C	3.4. CITY-ST-ZIP		
TITLE		☐ DEL				☐ Change ☐ Addition
NAME ,			4. 2 N	AME	}	
STREET ADDRESS					ADDRESS	
	/ :	_	4.4 CI			
CITY-ST-ZIP	DELETE 5.1			1-211	☐ Change ☐ Addition	
TITLE		_ DEC	5.2 N			
NAME					(ADDOCES	
STREET ADORESS					ADDRESS	
C!TY-ST-ZIP			5.4 CI		1-ZIP	
TITLE		☐ DEL				Change Addition
MANAG			6.2 N/	WE	1	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS