FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K79353

(4)

DOCUMENT # K79353 (4) 1. Corporation Name HOME GIRL PRODUCTIONS, INC. Principal Place of Business Mailing Address								
							40 1481 410 88 4	
18350 SW 214TH STREET MIAMI FL 33187			/ 214TH STRE . 33187	ET				
						Date Incorporated or Qualified 04/11/1989		te of Last Report 03/06/1995
2. Principal Plac	2a, Mailing	Address			4. FET Number 35-1441142		Applied For	
Suite, Apt. #.	26 Suite, A	Suite, Apit. #, etc			5. Certificate of Status Desired		Not Applica \$8.75 Additiona	
2	27				5. Certinicate of Status Desired		Fee Required	
Orty & State	F-1	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
3 Zipi	Country	28 Zip		Country		This corporation has liability for	r intangibie	
4	25	29		30			s 🗌 No	?
	9. Name and Address of Cur	rent Registered Ag	gent	81	Name	10. Name and Address of New	Registere	d Agent
ROBINSON, GEOFFREY K ESQ.							6.1-3	
800 WEST AVENUE, STE. 418				82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)	
MIAMI BE			83					
				84	Otty			85 Zip Code
12.		AND DIRECTORS		ire Bagazarett Ap	ert signature respons	al wher recessing: ADDITIONS/CHANGES TO OF	GATE FICERS AN	
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NAME STREET ADDRESS	18350 SW 214TH STREET			1.2 NAME 1.3 SERES	T ADDRESS			
01Y-S1-7/P	MIAMI FL 33187			1.4 C/TY	1			
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NAME				5.2 NAMe	Ì			
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517 ST 219				5.4 CiTY -				Change Addit
TULE		L] DECEME	6.1 Hill 6.2 NAME				Change Addit
NAME expert apopted					1 ADDRESS			
STREET ADORESS CITY-ST-ZIP				5.4 CHY-				
14. I do hereby certify that oath; that I	the information undicated on this a	arinual report or supp reparation, or the red	plemental and Seizer or truste	nished and do nual report is t se empowerer	es not qualify me and accurs	for the exemption stated in Section 11 ale and that my signature shall have the as report as required by Chapter 607,	te same lec	ial effect as if made und

SIGNATURE: ___