

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 15 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98964 (5)

1. Corporation Name
MARTA VELASCO PRODUCTIONS, INC.



Principal Place of Business % MARTA LUCIA 6027 SW 30TH STREET MIAMI FL 33155	Mailing Address % MARTA LUCIA 6027 SW 30TH STREET MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1989	3a. Date of Last Report 07/09/1996
4. FEI Number 65-0128759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6027 S.W. 30th St Suite, Apt. #, etc.	2a. Mailing Address 26 6027 S.W. 30th St Suite, Apt. #, etc.
22 _____	27 _____
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33155 25 Country USA.	29 Zip 33155 30 Country USA.

9. Name and Address of Current Registered Agent

LUCIA, MARTA
6027 SW 30TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name **JULIO LUCIA-O'FARRILL**

82 Street Address (P.O. Box Number is Not Acceptable)
6027 S.W. 30th St.

83 _____

84 City **MIAMI, FLORIDA FL** 85 Zip Code **33155**

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 *Julio Lucia-O'Farrill* **Lucia-O'FARRILL** 8-11-97
Signature typed or printed name of registered agent and, if legal, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	LUCIA, MARTA	
STREET ADDRESS	6027 SW 30 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCIA, MARTA	
STREET ADDRESS	6027 SW 30 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIO LUCIA-O'FARRILL	
1.3 STREET ADDRESS	6027 S.W. 30th St.	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK LUCIA	
2.3 STREET ADDRESS	6027 S.W. 30th St.	
2.4 CITY-ST-ZIP	MIAMI, FLA. 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Marta Lucia* **Marta Lucia** *Julio Lucia-O'Farrill* **Julio Lucia-O'FARRILL**

CR2E034 (4/97)