


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K98964 (5)**

1. Corporation Name  
**MARTA VELASCO PRODUCTIONS, INC.**



Principal Place of Business <b>6027 SW 30TH ST MIAMI FL 33155 US</b>	Mailing Address <b>6027 SW 30TH ST MIAMI FL 33155 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/29/1989</b>	
21 <b>6027 S.W. 30th Street</b>	26 <b>6027 S.W. 30th Street</b>	4. FEI Number <b>65-0128759</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>MIAMI, FLORIDA</b>		28 <b>MIAMI, FLORIDA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33155</b>	25 <b>USA</b>	29 <b>33155</b>	30 <b>U.S.A.</b>	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	

9. Name and Address of Current Registered Agent

**LUCIA-O'FARRILL, JULIO**  
**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 STREET**

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: *[Signature]* **J. Lucia-O'Farrill** DATE: **1-18-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCIA, MARTA</b>	
STREET ADDRESS	<b>6027 SW 30 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCIA, MARK</b>	
STREET ADDRESS	<b>6027 SW 30 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCIA-O'FARRILL, JULIO</b>	
STREET ADDRESS	<b>6027 SW 30TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<b>V.P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JULIO LUCIA O'FARRILL</b>	
1.3 STREET ADDRESS	<b>6027 S.W. 30th St.</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33155</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARK LUCIA</b>	
2.3 STREET ADDRESS	<b>6027 S.W. 30th St.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33155</b>	
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 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: *[Signature]* **MARTA LUCIA** **1-18-98 (205) 661-1251**

CR2E034 (10/97)