

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90019 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98964

1. Corporation Name
MARTA VELASCO PRODUCTIONS, INC.



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

2. Principal Place of Business 21 6027 SW 30th Street Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33155 25 U.S.A.	2a. Mailing Address 26 6027 SW 30th Street Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33155 30 U.S.A.
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3. Date Incorporated or Qualified 06/29/1989	4. FEI Number 65-0128759	Applied For 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 the current year Intangible Personal Property Tax. <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 *J. Lucia-O'Farrill* **J. Lucia-O'Farrill** **1-12-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUCIA, MARTA	
STREET ADDRESS	6027 SW 30 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCIA, MARK	
STREET ADDRESS	6027 SW 30 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUCIA-O'FARRILL, JULIO	
STREET ADDRESS	6027 SW 30TH ST	
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	MARTA LUCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6027 S.W. 30th St.	
1.3 STREET ADDRESS	MIAMI, FLA 33155	PST
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: *Marta Lucia* **MARTA LUCIA** **1-12-99** **661-1257** (305)
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)