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May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56408 (2)

1. Corporation Name

DELGADO BROTHERS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

% OSCAR J. DELGADO
6175 NW 153 ST. SUITE 312
MIAMI LAKES FL 33014

% OSCAR J. DELGADO
6175 NW 153 ST. SUITE 312
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

65-0194289

Applied For

Not Applicable

2. Principal Place of Business

21 DELGADO BROTHERS

2a. Mailing Address

26 2050 W 56 ST, SUITE 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2050 W 56 ST, SUITE 20

27 2050 W 56 ST, SUITE 20

City & State

City & State

23 HIALEAH, FLORIDA

28 HIALEAH, FL.

24 33016

25 DADE

29 33016

30 DADE

Zip

Country

Zip

Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELGADO, OSCAR J.
6175 NW 153 ST
SUITE 312
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2050 W 56 ST, SUITE 20

83

84 City HIALEAH

FL

85 Zip Code 33016

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DELGADO, JOSE M.
STREET ADDRESS ~~6175 NW 153 ST, #312~~
CITY-ST-ZIP MIAMI LAKES FL

TITLE D ☐ DELETE

NAME DELGADO, OSCAR J.
STREET ADDRESS ~~6175 NW 153 ST, #312~~
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2050 W 56 ST, SUITE 20
1.4 CITY-ST-ZIP HIALEAH, FL. 33016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2050 W 56 ST, SUITE 20
2.4 CITY-ST-ZIP HIALEAH, FL. 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]

4/26/98

(305) 332-5943

CR2E034 (10/97)