PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L56408

| Corporation | n Name | | | | | | | |
|--|---|---|---|--|--|---|--------------------------|------|
| DELGADO BROTHERS PRODUCTIONS, INC. | | | | | | | | |
| | | | | • | . 1261/211 001 01100 01101 01001 1010 1101 1101 1101 1101 1101 | H Bul u bul u bul u bara ! | HIAN ENDIN 1881 | |
| | | | | | | | ELEK GALK FEEL | |
| Principal Plac | e of Business | Mailing Address | | | i rameiais Ant Brille Sift) Bielt deibe eiter ein | is definit dinter ainie i | 1. Mrs. 10 red 11 s mm s | |
| DELGADO BRO | OTHERS . | DELGADO BROTHERS | | | | | | |
| 2050 W. 56 ST. STE. 20 2050 W. 56 ST. STE. 20 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| HALEAH FL 33 US | 1 016 | HIALEAH FL 33016 US | | | 3. Date Incorporated or Qualified | .0 0. AUC | | 1 |
| | | 55 | | | 03/12/1990 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | - | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | 65-0194289 | No | t Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | | ŀ |
| 22 | | 27 | | | 3. Certificate of Clarida Desired | Fee Re | quired | |
| City & Stat | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 | | |
| 23 | · | 28 | | | Trust Fund Contribution | Added (| o Fees | ĺ |
| Zip | Country | Zip | Country | ' | 8. This corporation owes the current year | Intangible ☐ Yes | □No | |
| 24 | 25 | 29 34 | 0 | | Personal Property Tax. 10. Name and Address of New Registers | | LIND | |
| | 9. Name and Address of Co | urrent Kegistared Agent | 81 | Name > | | | | ı |
| DED | GADO, OSCAR J. | | | DE | LLGADO, JOSE M. | | | İ |
| 2050 W 56-81. | | | 82 Street Addr | | ss (P.O. Box Number is Not Acceptable) | | | |
| SUITE 20 | | 83 | 11 11 | ILL BLASCO. L LOUE | | | | |
| HIAKEAH FL 38016 | | - | | 61 BLOSSOM LANE | es Zio (| - Orde | | |
| | • | | 84 | 1 W | <i>೬९७०</i> ~ F | | 3331 B | |
| 11. Pursuant | to the provisions of Sections 607 | 7.0502 and 607.1508, Florida Statutes. | the abov | e-named corpo | ration submits this statement for the purpose n's board of directors. I hereby accept the appropriate to the purpose of the pu | of changing its | registered | |
| office of r | registered agent, or both, in the S im familiar with, and accept the o | State of Florida. Such change was autr foligations of Section 607/0605. Florid | nonized by Statutes | the corporation | n's board of directors. I hereby accept the app | Ontonena ao reg | haraion | |
| SIGNATURE | las . | h Ilaadi | , | TOSE A | 1. DELCADO, 15/10/9 | 7 <u>9 · </u> | | |
| | Signature, types of province name of registrate | | gistered Ager | ni nignature required | when reinstating) DATE | NO DIRECTO | DC IN 12 | (00) |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition | 7 |
| TITLE | DELGADO, JOSE M. | _ | 1.1 IIILE | | | | | 7 8 |
| NAME - | 2050 W. 56 ST., STE. 20 | TALES DECORATE TALE | | TACORESS | | | | č |
| STREET ADDRESS | HIALEAH FL-33016 | - いっとそいしだし スタママル | DOUGE | • ~~~ | | | | 200 |
| CITY-ST-ZIP | | WIS10W/ 7-371 | 14000 | 7-210 | | | | |
| NAME | l D . | WESTON, FL. 33331 | 1.4 CITY-S 2.1 TITLE | 17-21P | | ☐ Change | ☐ Addition | 2 |
| | D D el Cado. Oscar I . | | 2.1 TITLE | IT-ZIP | | ☐ Change | ☐ Addition | 2 |
| | D DELGADO, OSCAR J. 2050 W. 56 ST., STE. 20 | | 2.1 TITLE 2.2 NAME | TADORESS | • | ☐ Change | Addition | 2 |
| STREET ADDRESS | DELGADO, OSCAR J. | | 2.1 TITLE 2.2 NAME | TADORESS | | ☐ Change | ☐ Addition | 5 |
| | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | | 2.1 TITLE 2.2 NAME 2.3 STREE | TADORESS | | ☐ Change | ☐ Addition | 5 |
| STREET ADDRESS CITY-ST-ZIP | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | → DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 | TADORESS | | | | 5 |
| STREET ADDRESS CITY-ST-ZIP TITLE | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | → DELETE | 2.1 TITLE 2.2 HAME 2.3 STREE 2.4 CITY-5 3.1 TITLE | T ADDRESS ST-ZIP | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME | T ADDRESS T-ZIP T ADDRESS | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | → DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET | T ADDRESS T-ZIP T ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S | T ADDRESS T-ZIP T ADDRESS | | ☐ Change | Addition | 30 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE | T ADDRESS ST-ZIP T ADDRESS T-ZIP | | ☐ Change | Addition | 30 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DELGADO, OSCAR J. 2050-W- 56 ST., STE. 20 | DELETE DELETE | 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS | | ☐ Change | ☐ Addition | 30 |
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14. 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.

6.4 CITY-ST-ZIP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90020 016 ***150.00