


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90020 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # L56408 1. Corporation Name DELGADO BROTHERS PRODUCTIONS, INC.																													
Principal Place of Business DELGADO BROTHERS 2050 W. 56 ST. STE. 20 HIALEAH FL 33016 US			Mailing Address DELGADO BROTHERS 2050 W. 56 ST. STE. 20 HIALEAH FL 33016 US																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/12/1990 4. FEI Number 65-0194289 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 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
9. Name and Address of Current Registered Agent DELGADO, OSCAR J. 2050 W. 56 ST. SUITE 20 HIALEAH FL 33016			10. Name and Address of New Registered Agent 81 Name DELGADO, JOSE M. 82 Street Address (P.O. Box Number is Not Acceptable) 4461 BLOSSOM LANE 84 City WESTON FL 85 Zip Code 33331																										
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <i>Jose M. Delgado</i> JOSE M. DELGADO, 5/10/99 <small>Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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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: *Jose M. Delgado* **JOSE M. DELGADO** **4/16/99 (305) 332-5943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)