

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10:36

DOCUMENT # L80495 (9)

1. Corporation Name
ARMANDO PLATA PRODUCTIONS, INC.

Principal Place of Business Mailing Address
4960 SW 72ND AVE 4960 SW 72ND AVE
STE 205 STE 205
CORAL GABLES FL 33155 MIAMI FL 33155
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/14/1990 3a. Date of Last Report 05/23/1994

4. FEI Number 65-0200631 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation files liability for intangible tax under §. 199 U.S.C., Florida Statutes Yes No

21. Principal Place of Business 4960 SW 72ND AVENUE Suite, Apt. #, etc SUITE 208 City & State MIAMI, FL 33155 Zip 33155	22. Mailing Address 4960 SW 72ND AV Suite, Apt. #, etc SUITE 208 City & State MIAMI FL Zip 33155	23. Country USA	24. Country USA
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9. Name and Address of Current Registered Agent
**PASTOR, EMILIO C.
155 S MIAMI AVE
PENTHOUSE I
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS

1. TITLE DPT	2. NAME ARMANDO, PLATA	3. STREET ADDRESS 208 TRIUMPH DR NW	4. CITY, ST, ZIP ATLANTA GA
5. TITLE DVS	6. NAME SABOGAL, MYRIAM GUEVARA	7. STREET ADDRESS CARREERA 68-A 157-A, 35	8. CITY, ST, ZIP BOGOTA, SOUTH AMERICA
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE VICE PRESIDENT V	2. NAME CECILIA AZUERO	3. STREET ADDRESS 5700 SAN VICENTE	4. CITY, ST, ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131 (b)(3)(B), 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 each certifier that I am an officer or director of the corporation or the recipient of intangible tax were to make 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: *adplata*
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-94A 95 (404)3519056