FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L87174** **(3)**

1. Corporation Name

MARQUEZ PRODUCTIONS, INC.

Principal Place of Business

C/O JUAN R. MARQUEZ
2920 SOUTHWEST 96TH AVENUE
MIAMI FL 33165

Mailing Address

C/O JUAN R. MARQUEZ
2920 SOUTHWEST 96TH AVENUE
MIAMI FL 33165

2. Principal Place of Business
21 2920 S.W. 96th Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami - Florida
Zip
24 33165
Country
25 U.S.A.

2a. Mailing Address
26 2920 S.W. 96th Ave.
Suite, Apt. #, etc.
27
City & State
28 Miami - Florida
Zip
29 33165
Country
30 U.S.A.

3. Date Incorporated or Qualified: 06/06/1990

3a. Date of Last Report: 01/18/1995

4. FEI Number: 65-0237501 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARQUEZ, JUAN R.
2920 SOUTHWEST 96TH AVENUE
MIAMI FL 33165

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 — Name of Registered Agent — Name of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARQUEZ, JUAN R.
STREET ADDRESS	2920 SOUTHWEST 96TH AVE.
CITY, ST, ZIP	MIAMI FL
☐ DELETE	
TITLE	VD
NAME	MARQUEZ, MIRTHA A.
STREET ADDRESS	2920 SOUTHWEST 96TH AVE.
CITY, ST, ZIP	MIAMI FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Juan R. Márquez (JUAN R. MARQUEZ) 01-17-96 (305) 225.4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #