FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					<b>D</b>
COF	PROFIT RPORATION JAL REPORT	FLORIDA DEPART Sandra B. Secretary	Mortham	Jan 15 1998	_
	1998	DIVISION OF CO	ORPORATIONS	Secretary	of State
	MENT # L87174 JEZ PRODUCTIONS, INC.	(3)			
Brigarian) Bloo	and Division	\$4-95 - Address	<u> </u>		
2920 S.W. 96	WEST 96TH AVENUE	Mailing Address 2920 S.W. 96TH AVENUE 2920 SOUTHWEST 96TH A MIAMI FL 33165 US	VENUE	DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE
2. Principal F	lace of Business _ V4 4	2a. Mailing Address 26 2920 5.U	- 960	06/06/1990 4. FEI Number	Applied For
21 292	05.W.96"AVE.		). 96 Hour.	65-0237501	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	mi-tropuda		FLORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	65 Country S. A.	29 33165 3	Country 0.5.4.	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes 🔲 No
	9. Name and Address of Current	E0 P -		10. Name and Address of New Registere	<u>, , , , , , , , , , , , , , , , , , , </u>
MA	RQUEZ, JUAN R.		81 Name		
2920 SOUTHWEST 96TH AVENUE 82 Street Address (P.C				ress (P.O. Box Number is Not Acceptable)	
MU	AMI FL 33165		83		
			83		
			84 City	F	85 Zip Code
11. Pursuant office or r agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes f Florida. Such change was au ions of, Section 607.0505, Flori	s, the above-named corp thorized by the corporal ida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature requi	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	<u> </u>
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	MARQUEZ, JUAN R. 2920 SOUTHWEST 96TH AVE.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL ,		1.4 CITY - ST - ZIP		<del></del>
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	MARQUEZ, MIRTHA A. 2920 SOUTHWEST 96TH AVE.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		I
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		Onlinge Addition
STREET ADDRESS			4.3 STREET AODRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTREET ANNOUSCE			S 2 STREET ADDRESS		

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)(f), 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 torporation 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 a pattachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Daving Phone # 0204376