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PROFIT CORPORATION ANNUAL, REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M45792

(2)

HARLOW/SERRANO PRODUCTIONS, INC.

FILED Apr 10 1997 8:00am Secretary of State



Principal Place of Business 9635 SO. DIXIE HWY. 9202E- MIAMI FL 33156 US 2. Principal Place of Business 21 9159 SW 77th Avenue			Mailing Address 9159 SW 77 AVE #310 MIAMI FL 33156-7665 US 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28				3. Date Incorporated or Qualified 01/30/1987 05/24/1996 4. FEI Number Applied For Not Applicable Service Required 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees				
9159 SW 77th Avenue Suce Apt #, etc 310		5.									
City & State Miami, Florida						6.					
π1 ^{Ζ(ρ} 33	25	DADE	Z(p 29	30 Cou	ntry	i	This corporation has I Florida Statutes		Yes 🗀] No	s. 199.032,
		diress of Curren	t Registered Agent		04 1		Name and Address (of New Reg	istered A	gent	
	HN, ANDRE				81 Nar	me					
9159 SW 77 AVE #310					eet Address (F	lress (P.O. Box Number is Not Acceptable)					
MIA	JAI, "FL FL 33156			ļ	63						
				Ì	84 City	/ .			FI	85 Zip	Code
office or agent 1 a	to the provisions of registered agent, or an familiar with, and	Sections 607,0502 both, in the State accept the obliga	2 and 607,1508, Florida Stat of Florida, Such change wa ations of, Section 607,0505,	tutes, the ab is authorized Florida Stati	oove-named by the suites.	ned corporation's	on submits this stateme board of directors. I her	nt for the pureby accept	rpose of	changing cintment a	its registered s registered
GNATURE	Stgrammer, type drompereted	Inches of registered ager	nt and title if applicable (N	IOTE: Registered	Agent signi	ature required whe	n re-nstation)		DATE		
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information indicated on this annual upport or supplemental distribution of the countries and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the conformation or the receiver or tructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in pharity d, or on an all chiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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