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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUN 1. Corporation	MENI # M57848	3			
	MUNOZ PRODUCTIONS,	INC.			
*		•			
Principal Place of Business Mailing Address				T INDIONALI INC. NICH INCH INCH INCH INCH INCH INCH BEREIT	
136 SW 8 ST.	•	136 SW 8 STREET			
MIAMI FL 33130 MIAMI FL 33130			DO NOT WRITE IN THIS	SPACE	
US ·		US		3. Date Incorporated or Qualifed	
	. ,	•	-	08/24/1987	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2839302	Not Applicable
_	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State		• Floring Committee Committee	
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 3	30	Personal Property Tax.	ŬYes □No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
	DOZ. DICADDO		81 Name		
MUNOZ, RICARDO			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
136 SW 8TH STREET					
MIAMI FL 33130			83		
			84 City	- FL	85 Zip Code
dd Disasiant	to the assurations of Sections 607 050	12 and 607 1508 Florida Statutes	the above-named co		
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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Agent signature req		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNOZ, RICARDO		1.2 NAME		
STREET ADDRESS	20100 RED RUN DRIVE	i	1.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL	N DELETE	1,4 CITY-ST-ZIP		Change Addition
TITLE	DVPS FLEITES, ANTONIO	(M) DELETE	2.1 TITLE	Antonio Fleites in no longer on oblicer or sho	
NAME OTOSET ADODESOS	20100 RED RUN DRIVE		2.3 STREET ADDRESS	lacer of the or she	reholder
STREET ADDRESS	MIAMI FL		2/4 CITY-ST-ZIP	Tonger an ougiter corpore	tion.
TITLE	44. 3.4	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		٠,
CITY-ST-ZIP	··		3.4. CITY-ST-ZIP		·
TITLE _		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	-	
CITY-ST-ZIP		C ociete	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		į
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	·		6.3 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)(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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #