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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M60947** (2)

1. Corporation Name

GENERAL ENTERTAINMENT PRODUCTIONS, INC.



Principal Place of Business

**4441 COLLINS AVE
LA RONDO RM
MIAMI BCH FL 33140
US**

Mailing Address

**4441 COLLINS AVE
LA RONDO RM
MIAMI BCH FL 33140
US**

3. Date Incorporated or Qualified
10/16/1987

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUEZ, JOSE M
780 N.W. LE JEUNE CENTER
SUITE 400
MIAMI FL 33126**

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 607.1508, 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

Signature of the person who is authorized to execute this report

Signature of the person who is authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
D CACHALDORA, ALEX
STREET ADDRESS
4441 COLLINS AVE
CITY, ST, ZIP
MIAMI BCH FL

1.2 TITLE ☐ DELETE

1.3 NAME

1.4 STREET ADDRESS

1.5 CITY, ST, ZIP

1.6 TITLE ☐ DELETE

1.7 NAME

1.8 STREET ADDRESS

1.9 CITY, ST, ZIP

1.10 TITLE ☐ DELETE

1.11 NAME

1.12 STREET ADDRESS

1.13 CITY, ST, ZIP

1.14 TITLE ☐ DELETE

1.15 NAME

1.16 STREET ADDRESS

1.17 CITY, ST, ZIP

1.18 TITLE ☐ DELETE

1.19 NAME

1.20 STREET ADDRESS

1.21 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY, ST, ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY, ST, ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY, ST, ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY, ST, ZIP

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 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 or change I or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Cachaldora 2/14/96 (305) 672-7469

Date

Display Phone

CR2E034 (12/95)