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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-5-96

3170

DOCUMENT # N25988

1. Corporation Name

(9)

ALPHABET THEATRE PRODUCTIONS, INC.

Principal Place of Business

11340 SW 176TH ST
MIAMI FL 33157
US

Mailing Address

11340 SW 176TH ST
MIAMI FL 33157
US



3. Date Incorporated or Qualified

04/19/1988

3a. Date of Last Report

06/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUNIGA, MARLON
11340 SW 176TH ST.
MIAMI FL 33157

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Marlon Zuniga

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIAZZA, JEANNIE	
STREET ADDRESS	11340 SW 176TH ST	
CITY- ST- ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZUNIGA, MARLON	
STREET ADDRESS	11340 SW 176TH ST	
CITY- ST- ZIP	MIAMI BCH. FL 33157	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCIA, GREETEN	
STREET ADDRESS	6065 SW 2ND ST	
CITY- ST- ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLADSTONE, FRANK B	
STREET ADDRESS	14856 QUAIL TRL CIR	
CITY- ST- ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDISH, HELEN MARIE	
STREET ADDRESS	1000 VENETIAN WAY PH2101	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeannie Piazza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (305) 374-2444
Date Daytime Phone #

CR2E037 (12/95)