SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

~~1998~~

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

FILED
99 SEP 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30381 (8)

1. Corporation Name
MENDEZ PRODUCTIONS, INC.

Principal Place of Business
71-78 SW 117 AVE
MIAMI FL 33183

Mailing Address
71-78 SW 117 AVE.
MIAMI FL 33183

REINSTATEMENT 98-99 (1)
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1990

4. FEI Number
95-4105471
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DELEON, KIRK D P.A.
~~2 NE 40TH ST.~~
~~2ND FLOOR EAST~~
~~MIAMI FL 33137~~
7 NW. 2ND ST SUITE 218
MIAMI FL. 33128.

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Prohibited) P99000106487--0
-10/05/99--01113--005
83 ****900.00 ****900.00
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] 9/20/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MENDEZ, BENJAMIN	1.2 NAME	
STREET ADDRESS	~~110 20 SW 51 ST.~~ 186-90 SW 100ST	1.3 STREET ADDRESS	18690 SW 100ST
CITY-ST-ZIP	~~MIAMI FL 33175~~ MIAMI FL. 33183.	1.4 CITY-ST-ZIP	MIAMI FL. 33183.
TITLE	SD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	MENDEZ, CARMEN	2.2 NAME	
STREET ADDRESS	~~110 20 SW 51 ST.~~ 18690 SW 100ST	2.3 STREET ADDRESS	18690 SW 100ST
CITY-ST-ZIP	~~MIAMI FL 33175~~ MIAMI FL. 33183.	2.4 CITY-ST-ZIP	MIAMI FL. 33183.
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
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		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		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

KE

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 8.31.99. 305 596-5056.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)

003822