FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002360 (5)**

1. Corporation Name
PROMESA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
55 OCEAN LANE DR STE 2033 KEY BISCAYNE FL 33149	520 BRICKELL KEY DR 615 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 624 Curtiswood DR
22 Suite, Apt. #, etc.
23 City & State: Key Biscayne FL
24 Zip: 33149
25 County:

2a. Mailing Address
26 624 Curtiswood DR
27 Suite, Apt. #, etc.
28 City & State: Key Biscayne FL
29 Zip: 33149
30 County:

4. FEI Number: 65-0367133 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENDEZ, MARTHA O P V
55 OCEAN LANE DR
STE 2033
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: Hender Lucia
82 Street Address (P.O. Box Number is Not Acceptable): 624 Curtiswood Dr
83
84 City: Key Biscayne FL 85 Zip Code: 33149

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: Mos! de Mendez — DATE: 04/01/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, LUCIA L.	12 NAME	
STREET ADDRESS	55 OCEAN LANE DRIVE #2033	13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	DE MENDEZ, MARTA PEREA VD	22 NAME	
STREET ADDRESS	55 OCEAN LANE DRIVE #2033	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, JORGE A.	32 NAME	
STREET ADDRESS	55 OCEAN LANE DRIVE #2033	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0130431 CP