FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT

SIGNATURE: SIGNATURE AND THE OFF



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT			a B. Morthar stary of State CORPORA						
DOCUN 1. Corporation	MENT # P920	00002	2360 (5	5)						
•	SA PRODUCTIONS, INC	•								
Principal Place o	of Business	Mailin	g Address							
624 Curtiswood Drive Key Biscayne Fl. 33149 Us			CURTISWOOD DR							
		Ü\$				 Date Incorporated or Qualification 10/30/1992 		of Last R		
2. Principal Plac	ce of Business	2a. M	ailing Address			4. FEI Number 65-0367133			Applied For Not Applicable	e
Suite, Apt. #,	etc.	27 St	iite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required	
City & State	V		ty & State			Election Campaign Financing Trust Fund Contribution	9 🖟	\$5.0	O May Be d to Fees	7
Ζιρ 24	Country 25	Z ₁)	Cour	try	8. This corporation has liability	or intangible ta: Yes □ No			
	9. Name and Address of Curi		ed Agent			10. Name and Address of Ne		gent		
	LUCIA TISWOOD DRIVE CAYNE FL 33149				81 Name 82 Street Add	ress (P.O. Box Number is Not Accep	otable)			
or registered	the provisions of Sections 607.05 d agent, or both, in the State of FII, and accept the obligations of, Se	orida. Such ch	ange was authoriz	tes, the aboved by the co	64 City e-named corpo orporation's boa	ration submits this statement for the ard of directors. I hereby accept the a	FL purpose of char appointment as i	nging its r	p Code registered offic l agent. I am	xe
SIGNATURE	grature typed or printed name of registered as				gent signature recers	ed when reinstating	DATE			۔
12.	OFFICERS A	ND DIRECTO		13.		ADDITIONS/CHANGES TO C				二g
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENDEZ, LUCIA L. 55 OCEAN LANE DRIVE #2 KEY BISCAYNE FL	2033	DELETE				L.] Change	☐ Add tion	CD2E034 (42/06)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE MENDEZ, MARTA PERE 55 OCEAN LANE DRIVE #5 KEY BISCAYNE FL		TO MELLETE	2 1 TIT 22 NAI 23 STE	LE			C hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENDEZ, JORGE A. 55 OCEAN LANE DRIVE #3 KEY BISCAYNE FL	2033	DELETE	3 1 TIT 3 2 NAI 3 3 STI	LĒ) Change	Addition	
TITLE NAM: STREET ADDRESS			DELETE	4. 1 TiT 4.2 NA 4.3 STF	LE 1E EET ADDRESS		C] Change	Addition	
CITY-ST-ZIP TITLE NAM: STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5. 1 TIT 5.2 NAF 5.3 STF	AE EET ADDRESS) Change	Addition	
OTY-SI-ZIP THE NAME STREEL ADDRESS		\bigcap	☐ DELETE	6. 1 TIT 6.2 NAT 6.3 STR	ME EET ADDRESS		<u></u>	Change	☐ Addition	
14. I do hereby certify that I oath; that I a	cert fy that the information supplie ne information indicated on this ar am an officer or director of the cor	d with tops filin inual report or perangh or th	g is voluntarily furn cupplemental anni receiver or truster	6.4 CIT hished and d lual report is ee empowere	(-\$1-21P oes not qualify f true and accura id to execute thi	for the exemption stated in Section at and that my signature shall have is report as required by Chapter 607	19.07(3)(k), Flor the same legal e , Florida Statute	da Statuti ffect as if s; and tha	es. I further made under at my name	