## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

12269 SW 129TH CT

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

12269 SW 129TH CT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000010557 (5)

HEAVEN'S GATE PRODUCTIONS INC.

MIAMI FL 33186-8442 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1993 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 187 ST 65-0402892 21 /2860 SW 12860 50 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 7 **Trust Fund Contribution** Added to Fees miami 23 Miam 28 Country Country This corporation has liability for intengible tax under s. 199.032, usa Yes No 30 45A Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PEREZ, CLAUDIO M 12269 SW 129TH CT Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186 B3** Mirmi 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE RODRIGUEZ, PEDRO P 1.2 NAME NAME 9115 SW 202 TERR 1.3 STREET ADDRESS STREET ACIDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Channe DELETE 21 THLE TITLE RODRIGUEZ, YVONNE M 22 NAME NAME 9115 SW 202 TERRACE 2.3 STREET ADDRESS STREET ADDRESS miami fl 2.4 CITY-ST-ZIP CISA - 21 - 515 Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - S1 - ZIP Change Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-S1-ZIP Addition DELETE 5.1 TITLE THLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

6.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CHTY - ST - ZIP

THILE

NAME

voune Korioupe

DELETE

14. I do 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 panels, or on an attachment with an address.

Addition

**FILED** 

May 06 1997 8:00am

Secretary of State