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 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029679 (6)

1. Corporation Name

WILFRIDO VARGAS PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
3785 N.W. 82ND AVE. # 310 MIAMI FL 33166	9645 SW 142CT # 310 MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0413230	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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 9645 S.W. 142 Ct.	26
Suite, Apt. #, etc. 22 Suite 310	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl.	City & State 28
Zip 24 33186 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VARGAS, JUAN 9645 SW 142 CT MIAMI FL 33186	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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 TITLE	☐ Change ☐ Addition
NAME	VARGAS, JUAN	1 NAME	
STREET ADDRESS	9645 SW 142 CT	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	
TITLE	VTD	2 TITLE	☐ Change ☐ Addition
NAME	ADAMES, MILTON	2 NAME	
STREET ADDRESS	SANTINO FALCO, SUITE 312	2 STREET ADDRESS	
CITY-ST-ZIP	PLAZA NACO, SANTO DOMINGO	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 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: Juan Vargas [signature] 5/10/95 (305) 383-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0204170 CP