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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300030474

1. Corporation Name

EMERALD PICTURES, INC.

Principal Place	of Business	Mailing Address			/# { 3 ####! #\$### I	11011 A101 Idas
2490 CORAL W	AY	2490 CORAL WAY				
SUITE 201		SUITE 201		DO NOT WRITE IN THE	c coACE	
MIAMI FL 38145		MIAMI FL 33145			5 SPACE	
US		US		3. Date Ir corporated or Qualifed		
		- I On Adelline Address		04/26/1993 4. FEI Number	Ani	olied For
	ace of Business	2a. Mailing Address 26 7751 SW 62.N	. 1			Applicable
	SW 62NO AVENUE	26 / / DI 5W 64.N Suite, Apt. #, etc.	15 AVENUE	05 0404074	\$8.75 A	
Suite, Apt. 1 22 SUITE		27 SUITE 100		5. Certificate of Status Desired	Fee Red	
City & S ate		City & State		6. Election Campaign Financing	\$5.00	May Be
23 SOUTH		28 SOUTH MIAMI	FLORIC	Trust Fund Contribution	Added to	Fees
Zip 24 33 4:	3 25 USA	^{Zip} 29 83143 30	Country A.	This corporation owes the current year of Personal Property Tax.		∐No
24 00.	9. Name and Address of Current	<u></u>	1	10. Name and Address of New Registered	i Agent	
		JPEDRO MARIA C				
SANPEDRO, MAMA C				Acdress (P.O. Box Number is Not Acceptable)		
2490 CORAL WAY				5/ SW 62ND AVENU	<u>E</u>	
SUITE 201				TE 100		
MIAMI FL 33145			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip G	ide
			501	UTH MIHMI F	L 」 ふっ	B
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 cirectors. I hereby accept the appointment as registered						
agent. ai	m familiar with, and accept the obligat	ons of, Section 607.0505, Florida	a Statutes.	Signature of Charles of Charles of Charles		,
SIGNATURE						
	Signature, typed or printed name of registered agent		egistered Agent signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ,	ND DIRECTO	F S IN 12
12.	DS OFFICERS AND	DELETE		DS	Change	Addition
TITLE	ALBERTO, CELIS	- Occert	1.2 NAME	ALBERTO LELIS	•	.
NAME	2940 CORAL WAY #201		1.3 STREET ADDRESS	7751 SW GZND MENUE		ł
STREET ADDRE 3S	MIAMI FL			SOUTH MITAMI, FLORIDA	38143	1
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	M na traje	10 h	Change	Addition
	CROUSILLAT, JORGE E		2.2 NAME	120451 LLAT, TORGE E 7751 SW 62ND MENLE	-	
NAME	2490 CORAL WAY #201		2.3 STREET ADDRESS	7751 SW 62ND MENLE		
STREET ADDRE IS	MIAMI FL	1	2 4 CITY-ST-ZIP	SOUTH MIAMI, PLORIDA -	33.143_	
CITY-ST-ZIP	IMIAMI FL	□ DELETÉ	3.1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34. CITY-ST-ZIP			
TITLE			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	51 TITLE		Change	Addition
NAME			52 NAME			İ
STREET ADDRESS			5.3 STREET ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
14145			6.2 NAME			i

14. Thereby 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 suppliemental 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 attach new with an address, with a little empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

305 669-2930