

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

96 AUG 27 PM 2:22

DOCUMENT # *993000069917*  
 1. Corporation Name: **ANGEL MARTIN PRODUCTIONS, INC.**  
**15131 GARVOCK PLACE**  
**MIAMI LAKES, FL. 33016**

Principal Place of Business: **ANGEL MARTIN PRODUCTIONS, INC.**  
**15131 GARVOCK PLACE**  
**MIAMI LAKES, FL. 33016**

3. Date Incorporated or Qualified: \_\_\_\_\_ 3a. Date of Last Report: \_\_\_\_\_

4. FEI Number: **65-0441291** Applied For:  Not Applied:

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. 199.052, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite Apt # etc: \_\_\_\_\_ 22 City & State: \_\_\_\_\_ 23 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

2a. Mailing Address: 26 Suite, Apt #, etc: \_\_\_\_\_ 27 City & State: \_\_\_\_\_ 28 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

9. Name and Address of Current Registered Agent:  
**ANGEL MARTIN**  
**15131 GARVOCK PLACE**  
**MIAMI LAKES, FL. 33016**

10. Name and Address of New Registered Agent:  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ 85 Zip Code: **FL**

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: *[Signature]* DATE: **8/6/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRES/TAS/SECT.</b>	<input type="checkbox"/> DELETE
NAME	<b>ANGEL MARTIN</b>	
STREET ADDRESS	<b>15131 GARVOCK PLACE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL. 33016</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 12)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	<b>3000019318931</b>
23 STREET ADDRESS	<b>-09/04/96 -01161 -011</b>
24 CITY-ST-ZIP	<b>****225.00 ****225.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	<i>CR</i>
63 STREET ADDRESS	
64 CITY-ST-ZIP	<b>8/30</b>

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)(k), 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 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **8/6/96**