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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087892

1. Corporation Name
BANANA REPUBLIC FILMS, INC.

Principal Place of Business
2350 NE 135ST
1103
NORTH MIAMI FL 33181
US

Mailing Address
P.O. BOX 610940
NORTH MIAMI FL 33261
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1994

4. FEI Number
65-0456565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5520 Hayes ST
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 Hollywood FL

27 City & State

24 Zip 33021 25 Country USA

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOND, JOSEPH C IV
2350 ME 135 ST
#1103
N MIAMI FL 33181

81 Name Rafael C. Herrera
82 Street Address (P.O. Box Number is Not Acceptable)
5520 Hayes ST
83
84 City Hollywood FL 85 Zip Code 33021

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

Rafael C. Herrera, RAFAEL C. HERRERA - PRES.

2/1/99
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME HERRERA, RAFAEL C
STREET ADDRESS 1031 N W 32ND PLACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5520 Hayes ST
1.4 CITY-ST-ZIP Hollywood FL 33021

TITLE VSD
NAME BOND, JOSEPH C IV
STREET ADDRESS 2350 NE 135ST 1103
CITY-ST-ZIP NORTH MIAMI FL 33181

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS P.O. Box 931900
2.4 CITY-ST-ZIP Los Angeles CA 90093-1900

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/99

323-874-2663