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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:35

DOCUMENT # **P94000002803 (2)**

1. Corporation Name
PRODUCCIONES DESTINO SIETE, INC.

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD. SUITE 1704 MIAMI FL 33156	9130 S. DADELAND BLVD. SUITE 1704 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0466200 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERCUSON, DAVID
9130 S. DADELAND BLVD.
2 DATRAN CENTER, SUITE 1704
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 _____ 3-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT SUAREZ, HECTOR 9130 S DADELAND BLVD, 2 DATRAN CNTR, #1704 MIAMI FL 33156	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☒ Addition VICEPRESIDENT JOSEFINA GOMIS DE SUAREZ 9130 S. DADELAND BLVD, 2 DATRAN CNTR # 1704, MIAMI FL 33156
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICEPRESIDENT JOSEFINA GOMIS DE SUAREZ 9130 S. DADELAND BLVD, 2 DATRAN CNTR, # 1704, MIAMI FL 33156	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☒ Addition TREASURER JULIETA SUAREZ 9130 S. DADELAND BLVD. 2 DATRAN, #1704 MIAMI, FL. 33156
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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 asterisk.

SIGNATURE: _____ FEBRUARY 27, 1995 (305) 670-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HECTOR SUAREZ

0107416 CP