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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:26

DOCUMENT # P94000015289 (9)

1. Corporation Name
SIERRALTA SHOW BUSINESS, INC.

Principal Place of Business
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145

Mailing Address
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4411 Sabal Palm Rd.
Suite, Apt. #, etc.
22
City & State
23 Bay Point, FL.
Zip 24 33137 County 25 U.S.A

2a. Mailing Address
26 4411 Sabal Palm RD.
Suite, Apt. #, etc.
27
City & State
28 Bay Point, FL
Zip 29 33137 Country 30 USA

4. FEI Number: 65-0483419 ☐ 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

9. Name and Address of Current Registered Agent
LACASA, CARLOS A
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145

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 X [signature] 07/31/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1 1 TITLE	☒ Change ☐ Addition
NAME	SIERRALTA, MIGUEL	1 2 NAME	
STREET ADDRESS	4500 SABAL PALM RD.	1 3 STREET ADDRESS	4411 Sabal Palm RD
CITY ST ZIP	BAY POINT FL 33137	1 4 CITY ST ZIP	
TITLE	V	2 1 TITLE	☒ Change ☐ Addition
NAME	SIERRALTA, ALEXIS	2 2 NAME	
STREET ADDRESS	4500 SABAL PALM RD.	2 3 STREET ADDRESS	4411 Sabal Palm RD.
CITY ST ZIP	BAY POINT FL 33137	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 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		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(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 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: X [signature] July 31/95 373-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0180505 CP