

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015289 (9)

1. Corporation Name

SIERRALTA SHOW BUSINESS, INC.



Principal Place of Business

**4411 SABAL PALM RD
BAY POINT FL 33137
US**

Mailing Address

**4411 SABAL PALM RD
BAY POINT FL 33137
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LACASA, CARLOS A
3191 CORAL WAY, 3RD FLOOR
MIAMI FL 33145**

3. Date Incorporated or Qualified
02/15/1994

3a. Date of Last Report
08/08/1995

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

10. Name and Address of New Registered Agent

81 Name

MIGUEL SIERRALTA

82 Street Address (P.O. Box Number is Not Acceptable)

SIERRALTA, MIGUEL

83

4411 SABAL PALM ROAD

84

BAY POINT

FL

85 Zip Code
33137

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]

Signature typed in full name of registered agent and director, if both.

(NOT a Registered Agent Signature required when filing alone)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **SIERRALTA, MIGUEL**
STREET ADDRESS **4411 SABAL PALM RD**
CITY-STATE-ZIP **BAY POINT FL**

TITLE **V** ☒ DELETE
NAME **SIERRALTA, ALEXIS**
STREET ADDRESS **4411 SABAL PALM RD**
CITY-STATE-ZIP **BAY POINT FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **ANNETTE CAROLINA CRISTANCHO**
2.4 CITY-STATE-ZIP **4411 SABAL PALM RD**
BAY POINT FL 33137

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 this 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, changed or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President

4-25-96 305) 573-1925

Date

Daytime Phone #

CR2E034 (12/95)