FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME

<u>Cooper City FL 33026</u>



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032219 (5)

"TITO EL TIBURON" PRODUCTIONS, INC.

Principal Place of Business		Mailing Address			E INDIIINAL EIN INIIE DEUEL DAREL ODIII DOĞU	E LOUISDUR FUR STALL BARKE ODINE ORIGI OF THE STALL		
11609 PALMET COOPER CITY		11609 PALMETTO WAY COOPER CITY FL 33026-1231						
					3. Date Incorporated or Qualified 04/25/1994	3. Date Incorporated or Qualified 3a. Date of Last Repor 04/25/1994 05/01/1996		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		[26]			65-0578755 Not Applicab			
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional Fee Required	
City & Stat	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	29 30		ntry		This corporation has liability for intengible tax under s. 199.032 Florida Statutes		
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re-	gistered Agent		
200 S BISCAYNE BLVD FIRST UNION FINANCIAL CENTER 20TH FLOOR MIAMI FL 33131				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				B4 City		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Florida St e of Horida. Such change w gations of, Section 607.0505	tatutes, the al- vas authorized , Florida Stati	pove-named I by the corputes.	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of chan of the appointment	ging its registered ant as registered	
SIGNATURE	Signature, typed or printed name of registered ag	gent and the if applicable	(NOTL Hegistered	Agent's gnature	required when reinstaling)	DATE		
12.			13.	13. ADDITIONS/CHANGES		O OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 10	re		C	hange [Additio	
NAME	KRANTZ, WARREN		1.2 NA	ME				
Street address	11609 PALMETTO WAY		1.3 \$7	REET ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33026		1,4 017	Y · ST - ZIP				
TALE	D	☐ DELETE	2 1 111	LF		c	nange 🔲 Addilio	
NAME	KRANTZ, EVA		2 2 NA	Mŧ				
STREET ADDRESS	11609 PALMETTO WAY		23 \$11	REET ADDRESS				

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

34 CHY-S1-7P

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 THUE

5.2 NAME

6.1 HTLE

6.2 NAME

DELETE

DELETE

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CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 chapted, of on an attachment with an address.

954

Change

Change

Change

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Addition

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Addition

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FILED

May 05 1997 8:00am

Secretary of State