SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000035115 (2)**

1. Corporation Name
GUSTAVO MARQUEZ PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
15600 NW 67TH AVE. SUITE 201 MIAMI LAKES FL 33014	15600 NW 67TH AVE. SUITE 201 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 8270 NW 168 ST.
2a. Mailing Address (26): 8270 NW 168 ST.
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): MIAMI, FLORIDA
City & State (28): MIAMI, FLORIDA
Zip (24): 33016 Country (25): DADE
Zip (29): 33016 Country (30): DADE

4. FEI Number: 65-0490559 ☐ 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

DERUDI, OSCAR
15600 NW 67TH AVE.
SUITE 201
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: DERUDI, OSCAR
82 Street Address (P.O. Box Number is Not Acceptable): 8270 NW 168 STREET
83:
84 City: MIAMI FL 85 Zip Code: 33016

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 _____ 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	DPT	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	DERUDI, OSCAR	1.2 NAME	DERUDI, OSCAR	
STREET ADDRESS	15600 NW 67TH AVE.	1.3 STREET ADDRESS	8270 NW 168 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33016	
TITLE	VS	2.1 TITLE	VS	☐ Change ☐ Addition
NAME	CASTRO, ALEXANDRA	2.2 NAME	CASTRO, ALEXANDRA - DERUDI	
STREET ADDRESS	15600 NW 67TH AVE.	2.3 STREET ADDRESS	8270 NW 168 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33016	
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		

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ 6/30/95 (305) 819-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
OSCAR DERUDI

CP