

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

INFORMATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
JAMES H. HUFFMAN, JR.

APPROVED
AND
FILED

DOCUMENT # **P94000043232 (5)**

AROUND THE STARS PRODUCTION SERVICES, INC.

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **2001 OLD ST. AUGUSTINE RD., #F-303
TALLAHASSEE FL 32301**
Mailing Address: **P.O. BOX 952
TALLAHASSEE FL 32302**

DATE OF ANNUAL REPORT

3. Date Report Due (Month/Day/Year)	3a. Date of Last Report
06/09/1994	
4. FIC Number	Applied For ☐ Not Applicable
59-3247786	
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
7. The corporation has not filed for bankruptcy under 11 U.S.C. 101 et seq.	☒ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
2001 OLD ST. AUGUSTINE RD., #F-303 TALLAHASSEE FL 32301	P.O. BOX 952 TALLAHASSEE FL 32302
21. State of Incorporation	26. State of Incorporation
FL	FL
22. City & State	27. City & State
TALLAHASSEE, FL	TALLAHASSEE, FL
23. Date of Report	28. Date of Report
06/09/1994	06/09/1994
24. FIC Number	29. FIC Number
59-3247786	59-3247786

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSIER, GAIL A
2001 OLD ST. AUGUSTINE RD., #F-303
TALLAHASSEE FL 32301**

81. Name	85. Zip Code
Gail Rossier	FL
82. Street Address (P.O. Box Number is Not Acceptable)	
2001 Old St. Augustine Rd. #F-303	
83. City	
Tallahassee	

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, this document is submitted to the Secretary of State for filing and recording. The undersigned hereby certifies that the information contained herein is true and correct and that the undersigned is duly authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	2. TITLE	3. NAME	4. TITLE
Gail Rossier	President	Gail Rossier	President
5. STREET ADDRESS	6. CITY & STATE	5. STREET ADDRESS	6. CITY & STATE
2001 Old St. Augustine Rd. #F-303	Tallahassee, FL 32301	2001 Old St. Augustine Rd. #F-303	Tallahassee, FL 32301
7. NAME	8. TITLE	9. NAME	10. TITLE
James Huffman	Vice President	James Huffman	Vice President
11. STREET ADDRESS	12. CITY & STATE	11. STREET ADDRESS	12. CITY & STATE
2509 Bluebell Place	Tallahassee, FL 32308	2509 Bluebell Place	Tallahassee, FL 32308
13. NAME	14. TITLE	15. NAME	16. TITLE
Jayne Huffman	Treasurer / Secretary	Jayne Huffman	Treasurer / Secretary
17. STREET ADDRESS	18. CITY & STATE	17. STREET ADDRESS	18. CITY & STATE
2509 Bluebell Place	Tallahassee, FL 32308	2509 Bluebell Place	Tallahassee, FL 32308

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01, 607.02, 607.03, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same reported and made public. I am an officer or director of the corporation or the owner or holder of record of the corporation and I am responsible to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 3 of this document or on an attachment with an address.

SIGNATURE: *Gail A. Rossier* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95

904-656-684

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

REPLICATION
AND A. H. H. H.

1995



FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

1995

DOCUMENT # P94000043727 (4)

VIZCAYA CHEMICAL LABORATORIES, INC.

(If not, write in this space)

3. Date of Filing (Month/Day/Year) 06/06/1994	3a. Date of Last Report
4. Filing Number 65-0502723	Applicant Fee 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. 199.012, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 21. 12360 SW 132 COURT 22. 114 23. MIAMI FL 24. 33186	2a. Mailing Address 26. U.S.A. 27. FL 28. MIAMI 29. 33186
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9. Name and Address of Current Registered Agent MUNRO, VAUGHAN 13961 SW 144 TER MIAMI FL 33186	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
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11. I, the undersigned, being the president of the corporation, do hereby certify that the foregoing information is true and correct, and that the corporation is duly organized under the laws of the State of Florida, and that the corporation is in good standing, and that the corporation is in compliance with the provisions of Chapter 199, Florida Statutes.

SIGNATURE

(If not, write in this space)

(If not, write in this space)

(If not, write in this space)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME D PIERRE-LOUIS, PHILIP 11721 NW 11TH ST PEMBROKE PINES FL 33026	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
NAME D MUNRO, VAUGHAN 13961 SW 144 TER MIAMI FL 33186	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
NAME D HUHN, MARY 13513 SW 102 LN MIAMI FL 33186	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
NAME D HUHN, MARY 13513 SW 102 LN MIAMI FL 33186	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
NAME D HUHN, MARY 13513 SW 102 LN MIAMI FL 33186	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
NAME D HUHN, MARY 13513 SW 102 LN MIAMI FL 33186	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
NAME D HUHN, MARY 13513 SW 102 LN MIAMI FL 33186	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(2)(b), Florida Statutes. I further certify that the information indicated on this original 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 there are no other or other forms of the corporation or the corporation is in compliance with the provisions of Chapter 199, Florida Statutes, and that my name appears in Block 1, or Block 1, of the report, or on any other form with an address.

SIGNATURE:

Vaughan Munro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

705-256-4412