

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:21

DOCUMENT # P94000048988 (7)

1. Corporation Name

ALCALA PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1638 NW 8TH ST. MIAMI FL 33125	1638 NW 8TH ST. MIAMI FL 33125

3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report
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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
24	25
Zip	Country
29	30

4. FEI Number 65-0502551	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VALDES, ANGEL
1638 NW 8TH ST.
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature (hand or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FUENTES, ANTONIO PEREZ
STREET ADDRESS	1638 NW 8TH ST.
CITY, ST, ZIP	MIAMI FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANTONIO PEREZ FUENTES
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D/VP
23 STREET ADDRESS	ANGEL VALDES
24 CITY, ST, ZIP	1638 NW 8th Street
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D/VP
33 STREET ADDRESS	JOSE MANUEL ALVAREZ
34 CITY, ST, ZIP	1638 NW 8th Street
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 of this report, or in any instrument with an address.

SIGNATURE: **Antonio Perez Fuentes** 6/7/95
DATE

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

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 15 1995

DOCUMENT # P94000049246 (9)

1. Corporation Name

DPR MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

**4 INDIALUCIE PKWY
STUART FL 34996**

**4 INDIALUCIE PKWY
STUART FL 34996**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0503159

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23

28

7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes

Yes

No

24

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, PETE
4 INDIALUCIE PKWY
STUART FL 34996**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Type or print name of registered agent and title if applicable

PETE ROSE, PRESIDENT

(NOTE: Registered Agent signature required when reconstituting)

6/11/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D
ROSE, PETE
4 INDIALUCIE PKWY
STUART FL 34996**

11 TITLE

Change

Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY ST ZIP

14 CITY ST ZIP

TITLE

**D
ROSE, CHRIS
4 INDIALUCIE PKWY
STUART FL 34996**

21 TITLE

Change

Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY ST ZIP

24 CITY ST ZIP

TITLE

**D
ROSE, CHRIS
4 INDIALUCIE PKWY
STUART FL 34996**

31 TITLE

Change

Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY ST ZIP

34 CITY ST ZIP

TITLE

**D
ROSE, CHRIS
4 INDIALUCIE PKWY
STUART FL 34996**

41 TITLE

Change

Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY ST ZIP

44 CITY ST ZIP

TITLE

**D
ROSE, CHRIS
4 INDIALUCIE PKWY
STUART FL 34996**

51 TITLE

Change

Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY ST ZIP

54 CITY ST ZIP

TITLE

**D
ROSE, CHRIS
4 INDIALUCIE PKWY
STUART FL 34996**

61 TITLE

Change

Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY ST ZIP

64 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 of this report, or on an attachment with an address:

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETE ROSE

6/11/95

(904)645-0505

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TAMPA, FLORIDA

DOCUMENT # P94000049573 (6)

1. Corporation Name

MIRABOLE INCORPORATED

Principal Place of Business

**4117 N. ARMENIA AVENUE
TAMPA FL 33607**

Mailing Address

**4117 N. ARMENIA AVENUE
TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30

4. FEI Number

59-2050344

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. 198.032 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**MIRABOLE, ANDREW J
4117 N. ARMENIA AVENUE
TAMPA FL 33607**

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

Signature based on printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MIRABOLE, ANDREW J
4117 N. ARMENIA AVENUE
TAMPA FL 33607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 110.07(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 as an attachment with an address.

SIGNATURE:

Andrew J. Mirabole
DIRECTOR

6/9/95 (812) 872-5571

SIGNATURE AND TYPED OR PRINTED NAME OF LEGAL OFFICER OR DIRECTOR

Date (Month/Day/Year) (Daytime Phone)

CR2E034 (3/95)