FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Aug 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **P94000083691 (3)**

1. Corporation Name

A SQUARED PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
9429 FOUNTAIN BLEAU BLVD. APT. 208 MIAMI FL 33172	9429 FOUNTAIN BLEAU BLVD. APT. 208 MIAMI FL 33172

3. Date Incorporated or Qualified: **11/16/1994**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21: 3750 W. 16 AVE.
Suite, Apt. #, etc.
22: SUITE 226 U
City & State
23: HIALEAH, FL.
Zip: 24: 33012 Country: 25:

2a. Mailing Address
26: 15329 S.W 53 LN
Suite, Apt. #, etc.
27:
City & State
28: MIAMI, FL.
Zip: 29: 33185 Country: 30:

4. FEI Number: **65-0543806** ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 (Required) (Registered Agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	RUBALCAVA, ARIEL	1.2 NAME	ARIEL RUBALCAVA
STREET ADDRESS	9429 FOUNTAIN BLEAU BLVD., APT. 208	1.3 STREET ADDRESS	15329 S.W 53 LN
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI, FL. 33185
TITLE	☐ DELETE	2.1 TITLE	O ☐ Change ☐ Addition
NAME		2.2 NAME	KIKI HERNANDEZ
STREET ADDRESS		2.3 STREET ADDRESS	15329 S.W 53 LN.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL. 33185
TITLE	☐ DELETE	3.1 TITLE	O ☐ Change ☐ Addition
NAME		3.2 NAME	WILLIAM VEIA.
STREET ADDRESS		3.3 STREET ADDRESS	2005 SAN SAVIOR BLVD #306.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH MIAMI, FL. 33181
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate 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 report or supplemental 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 changed, if applicable, with an address.

SIGNATURE: ARIEL RUBALCAVA. 8/13/96 (305) 889-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #