PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086083

1. Corporation Name

STERLING BEE PRODUCTIONS, CORP.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90220 005 ***150.00



				·					
Principal Place	e of Business	Mailing Address					1		
3329 TORREMOLINOS AVE 3329 TORREMOLINOS AVE									
MIAMI FL 33178 MIAMI FL 33178 US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/29/1994			
2. Principal P	lace of Business	2a. Mailing Address	1	11.5	+	4. FEI Number			plied For
21 104 2	N 2.10, 16 21.	120 10 000	<u>υ. </u>	107	<u> </u>	65-0542634			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State City & State City & State City & State Z8 MIAMI, FL						Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Countr	y	1	8. This corporation owes the curre	ent year Inta	ngible	
24 5	5 65 25 (), S, A+,	29 25/65/30	\cup	<u>, </u>	<u> </u>	Personal Property Tax.			ÈNo _
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New R	egistered A	gent	
Guerra, Beatriz				Name					
3329 TORREMOLINOS AVE			82	2 Street /	Addres	ss (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33178			83	3	 ;	_/			
erest W	···· · · · · ·				\angle				
			84				FL	85 Zip (
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was author	ized by	y the corpo	corpor	ration submits this statement for the i's board of directors. I hereby accep	purpose of o t the appoin	changing its tment as re	registered gistered
SIGNATURE				_					
	Signature, typed or printed name of registered agent			ent signature re	equired v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	PS IN 12
12.	PTVS OFFICERS AND		13. 1.1 TITLE		<i>:-</i> -	C A LAND	ICERS AND	Change	Addition
TITLE	GUERRA, BEATRIZ		1.2 NAME	ŀ	· , -	DHING,			_ ' ' ' '
NAME	3329 TORREMOLINOS AVE			ET ADDRESS	10	0430 SW. 16 St MIRMILEL 3			
STREET ADDRESS	MIAMI FL 33178	S	1.4 CITY-	\	1	MIRMI C/ 3	3165		l
CITY-ST-ZIP	MINIMITE 33170		2.1 TITLE		\	11111111111111111111111111111111111111	<u> </u>	☐ Change	Addition
TITLE		_	2.2 NAME			•		•	_
NAME				ET ADDRESS					
STREET ADDRESS			2. 4 CITY-						
CITY-ST-ZIP			3.1 TITLE					Change	Addition
NAME		_	3.2 NAME	i		·	- •	,	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZiP		1	3.4 CITY						
TITLE			11 TITLE					Change	Addition
NAME			4. 2 NAME	[]					
STREET ADDRESS			4.3 STREI	ET ADDRESS	1				
CITY-ST-ZIP	9.0		4.4 CITY-	ļ					
TITLE	970		5.1 TITLE			 _		Change	Addition
NAME			5.2 NAME	: [ļ
STREET ADDRESS		i	5.3 STRE	ETADDRESS		,			ĺ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				**	
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS					}
		l l	6.4 CITY-	ST-ZIP					

14. I hereby certify that the information supplied with this filing 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 comporation or the eceiver 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: