FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088668 (6)**

1. Corporation Name
C M G PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~5440 N.W. 55TH BLVD.~~ ~~# 304~~ ~~COCONUT CREEK FL 33073~~	~~5440 N.W. 55TH BLVD.~~ ~~# 304~~ ~~COCONUT CREEK FL 33073~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2861 N.E. 8TH CT.	26 2861 N.E. 8TH CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL.	City & State 28 POMPANO BEACH, FL.
Zip 24 33062 Country 25 U.S.A.	Zip 29 33062 Country 30 U.S.A.

4. FEI Number: 65-0546680 ☐ 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

GONZALEZ, CASTOR JR
~~5440 N.W. 55TH BLVD.~~
~~# 304~~
~~COCONUT CREEK FL 33073~~

10. Name and Address of New Registered Agent

81 Name: GONZALEZ, CASTOR JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2861 N.E. 8TH COURT
83
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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: X _____ CASTOR GONZALEZ JR. DATE: 4/13/95
(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	D	11 TITLE	PRESIDENT & DIRECTOR ☑ Change ☐ Addition
NAME	GONZALEZ, CASTOR JR	12 NAME	GONZALEZ CASTOR JR.
STREET ADDRESS	~~5440 N.W. 55TH BLVD., # 304~~	13 STREET ADDRESS	2861 N.E. 8TH COURT
CITY-ST-ZIP	~~COCONUT CREEK FL 33073~~	14 CITY-ST-ZIP	POMPANO BEACH, FL 33062-4205
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARANA, GIOVANNI	22 NAME	
STREET ADDRESS	317 N.E. 21ST STREET, #C	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		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)(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: X _____ CASTOR GONZALEZ JR. (305) 946-1024
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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