

P950000000 65

FILED

TRANSMITTAL LETTER

94 DEC 30 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

300001366753  
-01/03/95--01013--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: OPUS-DEI PRODUCTIONS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: BARBARA PERNARIS  
Name (printed or typed)

9565 Coral Way, Suite 211  
Address

Miami, Fl. 33165  
City, State & Zip

(305) 227-2428  
Daytime Telephone number

*Per Barbara's  
correct RA address.*

*MH  
1-3-95*

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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94 DEC 30 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

OPUS DEI PRODUCTIONS, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9565 CORAL WAY, SUITE 211, MIAMI, FL. 33165  
Mailing: P.O. BOX 453842, MIAMI, FL. 33245

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 at \$4.00 each

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Olga Rojas  
11934 SW 123 Crt, Miami, Fl. 33181

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BARBARA PERNARIS 9565 Coral Way, Apt. 211, Miami, Fl 33165

Olga Rojas 11934 SW 123ert, Miami, Fl 33186

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of December, 19 94.

  
Signature

  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: OPUS-DEI PRODUCTIONS, INC.

2. The name and address of the registered agent and office is:

OLGA ROJAS

(Name)

11934 S.W. 123rd Ct.

9565 CORAL WAY, SUITE 211

(P.O. Box not acceptable)

MIAMI, FL 33105

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

12-15-94  
(Date)

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P95000000065 (9)**

1. Corporation Name

**OPUS-DEI PRODUCTIONS, INC.**

APPROVED  
AND  
FILED

95 AUG 25 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/30/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0555159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

Principal Place of Business		Mailing Address	
<b>9565 CORAL WAY SUITE 211 MIAMI FL 33165</b>		<b>P.O. BOX 453042 MIAMI FL 33245</b>	
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	29
		25	30

9. Name and Address of Current Registered Agent

**ROJAS, OLGA  
11934 S.W. 123RD CT.  
MIAMI FL 33181**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA PERNAIRIS</b>	1.2 NAME	<b>700001570917</b>
STREET ADDRESS	<b>9565 CORAL WAY, 211</b>	1.3 STREET ADDRESS	<b>-08/28/95--01019--025</b>
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	1.4 CITY-ST-ZIP	<b>***225.00 ***225.00</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, if changed, or on an attachment with an address.

SIGNATURE: **BARBARA PERNAIRIS** **8-3-95** **227-2428**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

P9500000065

OPUS-DEI Productions, Inc.  
Requestor's Name

P.O. Box 453842  
Address

Miami, FL 33245  
City/State/Zip Phone #

FILED  
96 OCT -7 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-10/15/96--01149--021  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
96 SEP 12 AM 7:39  
DIVISION OF CORPORATIONS

~~046-19638~~

N/C

OCT 10 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 19, 1996

OPUS-DEI PRODUCTIONS, INC.  
P.O. BOX 453842  
MIAMI, FL 33245

SUBJECT: OPUS-DEI PRODUCTIONS, INC.  
Ref. Number: P95000000065

*Sending A.R.  
w/xc 9/24/96  
note: see Sammy  
about money*

We have received your document for OPUS-DEI PRODUCTIONS, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

You failed to return your check for \$225 to file the 96 annual report, the corporation was administratively dissolved on August 23, 1996 and because you first submitted the annual report before it was dissolved if you return your corrected document within 30 days from the date of this letter we will reactivate this corporation and you want have to reinstate.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 196A00043417

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October 1, 1996

Ms. Velma Shepard  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

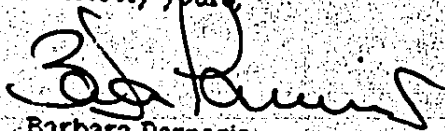
Ref: P95000000065, Opus-Del Productions.

Dear Ms. Shepard,  
Enclosed please find the finalized and corrected corporation papers.

Please note that the annual report fee has been cancelled, (see enclosed).

Thank you for your assistance in this matter. Should you have any further questions, please don't hesitate to contact me.

Sincerely yours,



Barbara Pernaris  
President



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
96 OCT -7 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Opos-Dai Productions, Inc.  
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)  
NAME CHANGE

EMPRESS PRODUCTIONS, INC.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 8.1.96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 6 day of September, 19 96

Signature

Barbara Parnaris

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)



Karen J. Hingold  
MY COMMISSION EXPIRES 12/31/97  
NOTARY PUBLIC, NEW JERSEY

OR

(By a director if adopted by the directors)

Karen J. Hingold  
9-6-96

OR

(By an incorporator if adopted by the incorporators)

BARBARA PARNARIS  
Typed or printed name

PRESIDENT / INCORPORATOR  
Title