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

DOCUMENT # P95000011355 (1)

1. Corporation Name
EGF PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
% 4300 N. UNIVERSITY DR. SUITE E-207 FORT LAUDERDALE FL 33351	% 4300 N. UNIVERSITY DR. SUITE E-207 FORT LAUDERDALE FL 33351

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	4300 N. UNIVERSITY DR	26	4300 N. UNIVERSITY DR
22	Suite, Apt #, etc. A-106	27	Suite, Apt. #, etc. A-106
23	City & State Ft. Lauderdale, FL	28	City & State Fort Lauderdale, FL
24	Zip 33351	29	Zip 33351
25	Country	30	Country

4. FEI Number: 65-0555670 — ☐ 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

LEVINE, LAWRENCE A
4300 N. UNIVERSITY DR.
SUITE E-207
FORT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name: Levine, Lawrence A, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 N. UNIVERSITY DR
83 Suite A106
84 City: Fort Lauderdale FL 85 Zip Code: 33351

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GARCIA, EDUARDO	
STREET ADDRESS	731 VISTA ISLE DR., #1516	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	V	☐ DELETE
NAME	BETANZOS, MARIA ERIKA G	
STREET ADDRESS	1ST SUENO #4 U. INDEPENDENCIA	
CITY-ST-ZIP	SAN JERONIMO, MEXICO	
TITLE	D	☐ DELETE
NAME	LEVINE, HOWARD	
STREET ADDRESS	4300 N. UNIVERSITY DR., E-207	
CITY-ST-ZIP	FORT LAUDERDALE FL 33351	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

600001896886
-07/17/96--01072--015
***225.00

7/17/96

CR2E034 (12/95)

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 address.

SIGNATURE: Eduardo Garcia, Pres. 6/17/96 954-749-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #