## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000021492 (0)

DELMAR PRODUCTIONS, INC.

Principal Pla	ace of Business	Mailing Address				1899 OBALD 31609		
7780 SW 11	ITTH AVE	7780 SW 117TH AVE						
SUITE 100 SUITE 100					DO NOT WOR	DO NOT WRITE IN THIS STAGE		
MIAMI FL 33183 MIAMI FL 33183				DO NOT WRITE IN THIS SPACE		SPACE		
}					3. Date Incorporated or Qualified			
2. Principal	Place of Business	2a. Mailing Address			03/16/1995 4. FEI Number		Applied For	
21		26			65-0573376		Not Applicable	
Suite, Ap	t, #, etc.	Suite, Apt. #, etc.	•		,		-\$8.75 Additional	
22		27			5. Certificate of Status Desired		Fee Required	
City & St	ate	City & State		•	6. Election Campaign Financing		\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip :.	Country	1	8. This corporation owes or has p			
24	9. Name and Address of Curre	29	30		Personai Property Tax due Jun		Yes No	
-		nt riegistered Agent	81	Name	10. Name and Address of New R	egistered A	Agent	
	OIKO, BRUCE M		Ľ.	INGINE				
	780 SW 117TH AVE		82	Street Ad	ddress (P.O. Box Number is Not Accepta	able)		
-	UITE 100		83	<u> </u>				
] Mi	fami FL 33183		33	ĺ				
			84	City	<del>11 - 11 - 11 - 11 - 11 - 11 - 11 - 11 </del>	FL	85 Zip Code	
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abov	ı e-named c	orporation submits this statement for the		changing its registered	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was a attons of, Section 607,0505. Flo	uthorized by	/ the corpo	orporation submits this statement for the vation's board of directors. I hereby acceptation	ept the appo	ointment as registered	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOT								
40				ent signature re	quired when relostating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	ent signature re	quired when relostating) ADDITIONS/CHANGES TO OFFI			
TITLE	OFFICERS AN		13. 1.1 TITLE	ent signature re			DIRECTORS IN 12  Change Addition	
TITLE NAME	OFFICERS AND BOIKO, BRUCE M	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME					
TITLE NAME STREET ADDRESS	OFFICERS AND D BOIKO, BRUCE M 7780 SW 117TH AVE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BOIKO, BRUCE M 7780 SW 117TH AVE MIAMI FL 33183	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS			Change Addition	
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14. I hereby certify that the information supplied with this filling 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 chapter 607 or on an atjachtment with an address.

6.2 NAME

SIGNATURE:

STREET ADDRESS

ELL'EHOUBERTO DEL GADO

1/7/98

954/966-1371

**FILED** 

Feb 02 1998 8:00am

Secretary of State