

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90033 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021492

1. Corporation Name  
DELMAR PRODUCTIONS, INC.

Principal Place of Business

7780 SW 117TH AVE  
SUITE 100  
MIAMI FL 33183

Mailing Address

7780 SW 117TH AVE  
SUITE 100  
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1995

4. FEI Number  
65-0573376

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 310 SW 64 WAY

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines FL

Zip

24 33023

Country

25 USA

2a. Mailing Address

26 310 SW 64 WAY

Suite, Apt. #, etc.

27

City & State

28 Pembroke Pines FL

Zip

29 33023

Country

30 USA

9. Name and Address of Current Registered Agent

BOIKO, BRUCE M  
7780 SW 117TH AVE  
SUITE 100  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name HUMBERTO DELGADO

82 Street Address (P.O. Box Number is Not Acceptable)  
310 SW 64 WAY

83

84 City Pembroke Pines FL 85 Zip Code 33023

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 date if applicable.

HUMBERTO DELGADO

1/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOIKO, BRUCE M  
STREET ADDRESS 7780 SW 117TH AVE  
CITY-ST-ZIP MIAMI FL 33183

☒ DELETE

TITLE P  
NAME DELGADO, HUMBERTO  
STREET ADDRESS 310 SW 64 WAY  
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE VP  
NAME DELGADO, AURORA  
STREET ADDRESS 310 SW 64 WAY  
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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 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, with all other like empowered.

SIGNATURE:

HUMBERTO DELGADO

Date

Daytime Phone #

CR2E034 (11/98)