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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90033 026 ***150.00

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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
Pembroke Pines FL

23
 Zip Country
33023 USA

2a. Mailing Address
 26 **310 SW 64 WAY**
 Suite, Apt. #, etc.

27
 City & State
Pembroke Pines FL

28
 Zip Country
33023 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 *Humberto Delgado* **HUMBERTO DELGADO** DATE **1/12/99**

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

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOIKO, BRUCE M	
STREET ADDRESS	7780 SW 117TH AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DELGADO, HUMBERTO	
STREET ADDRESS	310 SW 64 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELGADO, AURORA	
STREET ADDRESS	310 SW 64 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **HUMBERTO DELGADO** DATE **1/12/99** DAYTIME PHONE # **954/966-1571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)