

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # P95000023366 (4)

1. Corporation Name
PRODUCCIONES CUBA MUSICAL, INC.



Principal Place of Business
12391 N.W. 11TH STREET
PEMBROKE PINES FL 33026

Mailing Address
12391 N.W. 11TH STREET
PEMBROKE PINES FL 33026-3804

3. Date Incorporated or Qualified 03/22/1995
3a. Date of Last Report 04/18/1996

2. Principal Place of Business
21 One Grove Isle Drive
Suite, Apt. #, etc.
22 Apt 706
City & State
23 Coconut Grove, FL
Zip Country
24 33133 25 USA

2a. Mailing Address
26 One Grove Isle Drive
Suite, Apt. #, etc.
27 Apt 706
City & State
28 Coconut Grove, FL
Zip Country
29 33133 30 USA

4. FEI Number 65-0588903
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

BARRANCO, ELENA
12391 N.W. 11TH STREET
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name BARRANCO, ELENA
82 Street Address (P.O. Box Number is Not Acceptable)
One Grove Isle Drive, Apt 706
83
84 City Coconut Grove FL 85 Zip Code 33133

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRANCO, CLARA	
STREET ADDRESS	1 GROVE ISLE DR., APT. 708	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRANCO, ELENA	
STREET ADDRESS	12391 N.W. 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRANCO, CLARA	
1.3 STREET ADDRESS	One Grove Isle Drive, Apt 706	
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARRANCO, ELENA	
2.3 STREET ADDRESS	One Grove Isle Drive, Apt 706	
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-97

954
433 0808

CR2E034 (9/96)