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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023366 (4)

PRODUCCIONES CUBA MUSICAL, INC.

Principal Place of Business Mailing Address						I IDENIADA FIE BRIEF BLILF ERLIN DENIN	10111 00110 11 0 1	80 111 05 1111 0 []1	il a g ial f oo l
ONE GROVE ISLE DR COCONUT GROVE FL 33133 US		ONE GROVE ISLE DR APT 706 COCOMUT GROVE FL 33133			DO NOT WRIT	FE IN THIS	SPACE		
		U\$				3. Date Incorporated or Qualified 03/22/1995	ı		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				65-0588903			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				6. Certificate of Status Desired			Additional equired
City & State	e	City & State				8. Election Campaign Financing		\$5.00	Мау Ве
23	Country	ZID Country				Trust Fund Contribution		Added	
Zip 24	Country Z ₁ p		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	9, Name and Address of Current					10. Name and Address of New Registered Agent			
RA	RRANCO, ELENA		81	Nam	ne				
	IE GROVE ISLE DR		82	Stro	ot Addro	ss (P.O. Box Number is Not Accept	ablo)		
	CONUT GROVE FL 33133		02	Sile	et Addres	ss (F.O. Box Namber is Not Accept	2016)		
			83						
			84	City		·		85 Zip (Code
44 6 14 14	4 0 - 4 0 - 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	4 - 4	Ĺí		9-16-1	<u>FL</u>		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida, Such change was	authorized b	v the c	ed corpo :orporatio	ration submits this statement for the in's board of directors. I hereby acc	purpose of ept the app	r changing it pointment as	s registered registered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, F	Torida Statute	S.					-
SIGNATURE	Signature, typed or printed name of registered agen	t and trip if anatomical	OTE Flegislered Ag	acl e.enal	lue recurses	Lubec reintelation	DATE		
12.	OFFICERS AND		13.	CIN SIGNAL	igie regalied	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Pa	resident	1	Change	Addition
NAME	BARRANCO, CLARA		1.2 NAME		Poo	manco, clara.	_	N 704	71
STREET ADDRESS	1 GROVE ISLE DR., APT. 706		1.3 STREET ADDRESS		is Or	e Grave Isle	grave	オンプし	9
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY- ST - ZIP		_ Cc	const Grave	si =	<u> 313-</u>	<u> </u>
TITLE	D	☐ DELETE	2.1 TITLE		Į			Change	Addition
NAME	BARRANCO, ELENA	_	22 NAME						
STREET ADDRESS	ONE GROVE ISLE DR APT 700	3	2.3 STREE	i addres	is				
CITY-ST-ZIP	COCONUT GROVE FL	DELETE	2. 4 CITY-	ST-ZIP	_ 			Change	[_] Addition
TITLE NAME		ottere	3.1 TITLE 3.2 NAME					Change	C Modified
STREET ADDRESS			3.2 NAWE	I ANNOFO					
CITY-ST-ZIP			3.4. CITY-		"				
TITLE		DELETE	41 TITLE	VI [III		······································		☐ Change	Addition
NAME			4. 2 NAME		1				
STREET ADDRESS			4.3 STREE	ADDRES	is	0			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		s				
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP				Change	Addition
TITLE NAME		☐ DELÉTE	6.1 TITLE 6.2 NAME					L Change	T VOUIDOU
STREET ADDRESS			63 STREE	T ADDOCO					
CITY-ST-ZIP			6.4 CITY		١				
14. I hereby o	pertify that the information supplied wit		for the exemp	tion st					
officer or	on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an attack	iver or trustee empowered to	ccurate and the execute this	at my : report	signature as requir	shall have the same legal effect as red by Chapter 607, Florida Statutes	if made un s; and that r Q	der oath; tha ny name api	at I am an pears in