Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068491

Principal Place of Business

CONTACTOS Y PRODUCCIONES, CORP.

5940 SW 73 S' SUITE 205 MIAMI FL 3314 US	•	5940 SW 73 STREET SUITE 205 MIAMI FL 33143 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/06/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	•	26		65-0618922 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22 City & Stat	te ¹	City & State		
23	-	28		6. Election Campaign Financing: \$5:00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax. Yes No
	9. Name and Address of Ct			10. Name and Address of New Registered Agent
			81 N	ame
	NERI, NELSON R		82 S	treet Address (P.O. Box Number is Not Acceptable)
	D S.W. 109TH STREET			itel Address (1.0. box Humber is Not Acceptable)
MAI	MI FL 33156		83	
	$x_{ij} = x_{ij}$		84 C	ity 85 Zip Code
				FL 50 2.5 0000
office or n	registered agent, or both, in the S	7.0502 and 607.1508, Florida Statutes State of Florida. Such change was aut bligations of, Section 607.0505, Florid	thorized by the	amed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		(NOTE	D-14-1A-14-1	hature required when reinstating) DATE
12.	Signature, typed or printed name of registeral	S AND DIRECTORS	13.	neture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	REYNERI, NELSON R		1.2 NAME	
STREET ADDRESS	5940 SW 73 ST STE 205		1.3 STREET ADD	DEECS .
CITY-ST-ZIP	MIAMI FL 33143	,	1.4 CITY+ST-ZIP	1
TITLE	1111/11/11 1 2 30110	☐ DELETE	2.1 TITLE	Change Addition
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STREET ADDRESS	· .			1
CITY-ST-ZIP				DECC :
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6.4 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF

14. I hereby certify that the information supplied with this filing does not qualify or 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 of 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.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90120 014 ***150.00