FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # P9500	0079382 (4)								
TWYLA	PRODUCTIONS CORPORA	ATION								
Principal Place	of Business	Mailing Address					r sûdirê bi din sûrat ûrkir ûdist ûdi	II WA IH W WH! IWI	. TO THE REPORT OF	16 0 3 1 0 11 0 1101 1301
7910 W DRIVI	E	7910 W DRIVE								
APT 302 Miami Fl. 33141		APT 302 Miami FL 33141								
						3.	Date Incorporated or Qualified 10/17/1995	Qualified 3a. Date		of Last Report
2. Principal Pla	nce of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26					65-0613813			Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired			75 Additional e Required
City & State		City & State					Election Campaign Financing			00 May Be
23		28				"	Trust Fund Contribution			ded to Fees
Zip	Country	Zip .	Cou	untry		В.	This corporation has liability for		x under	s 199.032,
24	25		30					s 🔀 No		
	9. Name and Address of Curren	nt Registered Agent				10	Name and Address of New	Registered	Agent	
				81	Name					
BERNAL, JORGE A				82	Street Add	Iress (P	O. Box Number is Not Accepta	ble)		
7910 W DRIVE				83						
APT 302				63						
MIAMI FL 33141				84	City			FL	85	Zip Code
familiar with SIGNATURE _	ed agent, or both, in the State of Florich, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.			oration's boa			oointment as	register	ed agent. I am
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	TORS IN 12
TOTLE	PD	☐ DELETE	1 11	TITLE				[Chang	e 🔲 Addition
NAME	BERNAL, JORGE A		1.2 N	IAMÉ						
STREET ADDRESS	7910 W DRIVE, APT 302		1.3 S	TREFT	ADDRESS					
CITY - ST - ZIP	MIAMI FL 33141		-	ITY-S	T-ZIP					
TITLE	VSTD	☐ DELETE	2.11	TITLE				Į	T Chang	e [Addition
NAME	BOOKER, TWYLA R		2 2 N							
STREET ADDRESS	7910 W DRIVE, APT 302 MIAMI FL 33141				ADDRESS					
CITY-ST-ZIP TITLE	MICHANI FC 00141	□ DELETE	3.1	ITY - S	1 - ZIP			r	Chang	e
NAME		Docer	3. I					L	oneng	, Li rodition
STREET ADDRESS					ADDRESS					!
Crity-SI-ZiP				IIIY-S	į.					
TIFLE		DELETE	4.11						Chang	e 🔲 Addit-on
NAME			4.2 N					_	_	
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 0	HTY-S	T-ZIP					
TITLF		☐ DELETE	5 1 1	TITLE					Chang	e 🔲 Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-S1-ZIP				HTY-S	T-ZIP					
11716		□ D€LETE	61					[Chang	e 🔲 Addition
MARKE	i		62 4	IAAA;						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

STREET ACCRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (301) 758-4908

CR2E034 (12/95)