

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079382 (4)**

1. Corporation Name

TWYLA PRODUCTIONS CORPORATION



Principal Place of Business

**7910 W DRIVE
APT 302
MIAMI FL 33141**

Mailing Address

**7910 W DRIVE
APT 302
MIAMI FL 33141-5540**

3. Date Incorporated or Qualified
10/17/1995

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 **1044 NW 6th AVE**

2a. Mailing Address

26 **1044 NW 6th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **HOME STEAD FL**

City & State

28 **HOME STEAD FL**

Zip

Country

24 **33030**

25

Zip

Country

29 **33030**

30

4. FEI Number

65-0613813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

**BERNAL, JORGE A
7910 W DRIVE
APT 302
MIAMI FL 33141**

10. Name and Address of New Registered Agent

81 Name

BERNAL, JORGE A

82 Street Address (P.O. Box Numbers Not Acceptable)

1044 NW 6th AVE

83

84 City

HOME STEAD

FL

85 Zip Code

33030

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNAL, JORGE A	
STREET ADDRESS	7910 W DRIVE, APT 302	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	BOOKER, TWYLA R	
STREET ADDRESS	7910 W DRIVE, APT 302	
CITY-ST-ZIP	MIAMI FL 33141	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNAL, JORGE A	
1.3 STREET ADDRESS	1044 NW 6th AVE	
1.4 CITY-ST-ZIP	HOME STEAD FL 33030	
2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOOKER, TWYLA R	
2.3 STREET ADDRESS	1044 NW 6th AVE	
2.4 CITY-ST-ZIP	HOME STEAD FL 33030	
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)(f), 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: **TWYLA R BOOKER** *Twyler Booker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0194513

CR2E034 (9/96)