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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096676 (8)

M.T. PRODUCTIONS, INC.

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CITY-ST-ZIP

Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE SUITE 1100 MIAMI FL 33133 **SUITE 1100** DO NOT WRITE IN THIS SPACE MIAMI FL 33133 3. Date Incorporated or Qualified <u>12/21/19</u>95 2. Principal Place of Business 28. Mailing Address Applied For 21 65-0646439 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAIZ, MANUEL A 2665 **\$OUTH BAYSHORE DRIVE** Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** 83 **MIAMI FL 33133** 84 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE Change \_\_\_ Addition TITLE TRAINER, MONTY NAME 1.2 NAME 2665 S. BAYSHORE DR. SUITE 1100 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME DIAZ. MANUEL A 2.2 NAME #1100 2665 SOUTH BAYSHORE DRIVE #100 STREET ADDRESS 23 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME **STREET ADDRESS 6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

14. Thereby 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.

**FILED** 

May 05 1998 8:00am

Secretary of State