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FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000001141 (6)

1. Corporation Name

SAN MARINO PRODUCTIONS, INC.

Principal Place of Business

~~114 W. SAN MARINO DRIVE~~  
~~MIAMI BEACH FL 33139~~

Mailing Address

C/O HODGES AND ASSOCIATES  
985 ESCONDIDO AVENUE, SUITE 110  
VISTA CA 92083-5247



2. Principal Place of Business

21 2409 DeSota Ave.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale

Zip

Country

24 33301

25

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0650163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee 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

SALTZ, DAVID  
114 W. SAN MARINO DRIVE  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

SALTZ, DAVID

82

Street Address (Post Office Box Number is Not Acceptable)

2409 DeSota Dr.

83

84

City

Ft. Lauderdale

FL

85 Zip Code

33301

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

X

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SALTZ, DAVID	985 ESCONDIDO AVENUE, SUITE 110	VISTA CA 92083	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4		
2.1	2.2	2.3	2.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	3.2	3.3	3.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1	4.2	4.3	4.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1	5.2	5.3	5.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Saltz x 3/17/97

212-456-2305

CR2E034 (9/96)