

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

FILED
Feb 25 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 # P96000008511 (3)

1. Corporation Name:
SUNDANCE PRODUCTIONS, INC.



Principal Place of Business
4342 SHERIDAN AVENUE
SUITE 6
MIAMI BEACH FL 33140

Mailing Address
4342 SHERIDAN AVENUE
SUITE 6
MIAMI BEACH FL 33140-3161

3. Date Incorporated or Qualified
01/26/1996

3a. Date of Last Report

2. Principal Place of Business
21 534 W. 46th ST
Suite, Apt. #, etc.

2a. Mailing Address
26 534 W. 46th ST
Suite, Apt. #, etc.

4. FEI Number
65-064-1071

Applied For
Not Applicable

22 City & State
23 MIAMI BCH, FL.
24 Zip 33140 25 Country

27 City & State
28 MIAMI BCH, FL.
29 Zip 33140 30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARZ, HENRIETTA
4342 SHERIDAN AVENUE
SUITE 6
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name SCHWARZ, HENRIETTA
82 Street Address (P.O. Box Number is Not Acceptable)
83 534 W. 46th ST
84 City M.B., FL. 85 Zip Code 33140

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SCHWARTZ, HENRIETTA	4342 SHERIDAN AVENUE, #6	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRIETTA SCHWARZ, PRES. 2-21-97 (305) 531-9046

Date

Daytime Phone #

01822660

CR2E034 (9/96)