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 # P96000028479 (9)

SANTA ESTUDIO, INC.

FILED Mar 31 1998 8:00am Secretary of State

VAII	, 2010010, 1110.							
Principal Place	e of Business	Mailing Address				-{	iin şinal táili áláit ið	êja jak jeri
4630 S KIRK	MAN RD #270	4630 8 KIRKMAN RD #270						
ORLANDO FL		ORLANDO FL 32811						
						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified		
9 Oringian D	logs of Business	De Mailine Address				03/26/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		oplied For of Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-3364992		Additional
22	A, 0,0.	27	Suite, Apr. #, 616.			5. Certificate of Status Desired	Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added 1	
Žip	Country	Zip Country				8. This corporation owes or has paid the	e current vear Int	langible
24	25	29 30				Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent	
RC	DRIGUEZ, PABLO			81	Name			
310 1/2 S BUMBY				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803				Street Address (1.0. box Nathber is Not Acceptable)				
				83				
				84	City		- 85 Zip (Code
					Oity		FL 🎳 🐃	5550
SIGNATURE	Santara fa	and title if epithophic (NC)][: Registered		nt signature required		//8/98_	
12	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PALAIDER CALIFALIA	☐ DELETE	1.1 T	TLE			Change	☐ Addition
NAME	RAMIREZ, SANTANA		1.2 N/			•		[7
STREET ADDRESS	OPI ANDO EL ORGAN				ADDRESS			Į.
CITY-ST-ZIP	ORLANDO FL 32811	Delete	14 01		- ZIP			1 14425-
TITLE	•	☐ DELETE					Change	Addition
NAME {	RAMIREZ, EUSEBIA							1
STREET ADDRESS	API ALIDA EL BORGA			ADDRESS			ŀ	
CITY-ST-2IP			ITY-S	T-ZIP		Change	Addition	
TITLE			3.1 10		İ		Change	L. Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		Driver	3.4. C		T-ZIP		[]0	☐ Addition
TITLE		L] DELETE	4.1 70				L Change	☐ Mudibon
NAME			4.2 N					ļ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	44 CI		- ZIP		Change	Addition
TITLE			51 T/				☐ Change	L_J Addition
NAME CYPKET ADODGEC			5.2 NA		ADDDCCC			
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP TITLE		DELETE	5.4 Ci 6.1 Ti		- ZIP		Change	Addition
ì							L. Change	Andrion
NAME STOCKY ADDRESS			6.2 N/		1000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	eartify that the information supplied wit	h this filma does not qualify	for the exe			Section 119 07/3Vi) Florida Statutes furth	or cortify that the	information

Interest cerein that the information supplied with this hing 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 an attrachment with an address.