

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90198 003 ***158.75

DOCUMENT # P96000032166

1. Corporation Name

M.I.A. PRODUCTIONS, INCORPORATED

Principal Place of Business

4010 N.W. 192ND STREET
MIAMI FL 33055

Mailing Address

4010 N.W. 192ND STREET
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

65-0673816

Applied For
No: 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HANNAH, JONATHAN E
4010 N.W. 192ND STREET
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE
NAME HANNAH, JONATHAN E
STREET ADDRESS 4010 N.W. 192ND STREET
CITY-STATE-ZIP MIAMI FL 33055

TITLE M ☐ DELETE
NAME WATKINS, JR E
STREET ADDRESS 3301 NW 175TH ST
CITY-STATE-ZIP MIAMI FL 33056

TITLE T ☐ DELETE
NAME YANCY, MARY ANN
STREET ADDRESS 16900 NW 41 AVE
CITY-STATE-ZIP MIAMI FL 33055

TITLE S ☐ DELETE
NAME HANNAH, MYRA
STREET ADDRESS 4010 N.W. 192ND STREET
CITY-STATE-ZIP MIAMI FL 33055

TITLE D ☐ DELETE
NAME MARSH, ANTHONY
STREET ADDRESS 3307 NW 202 LANE
CITY-STATE-ZIP MIAMI FL 33055

TITLE V ☐ DELETE
NAME FULLMORE, R
STREET ADDRESS 2830 NW 187TH ST
CITY-STATE-ZIP MIAMI FL 33056

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Myra Hannah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(305) 621-7326

Daytime Phone #

CR2E034 (11/98)

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