SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034595 (4)

A-1 PRODUCTIONS, INC.

FILED Sep 25 1997 8:00am Secretary of State



	EST_27TH AVENUE, BUILDING A-7	Mailing Address -550 NORTHWEST 27TH AV		HLDING-A-7		
L	POALE EL 33311	FORT LAUDERDALE FL 33311 3204 CACAL LAKE 150.		DO MOZ INDIZ	5 (ALT) NO ODA OF	
3204	COLAL LAKE De.	3204 CECAL	-			E IN THIS SPACE 3a. Date of Last Report
Cosear	SPLINGS FL. 33065	CORAL SIAIN	es t	L. 33061	04/19/1996	Sa. Date of Last Report
L	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 SAH	SAME ABOUT 26 SAME ABOUT		ν ς		650659688	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pa	aid the current year Intangible
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 Registered Agent AMERILAWYER CHARTERED 81 Name						
AMERILAWYER CHARTERED				1 Name		
343 ALMERIA AVENUE CORAL GABLES FL 33134			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
			6:	3		
			-			
			84	4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 8				by the corporati	oration submits this statement for the pon's board of directors. I hereby acce	purpose of changing its registered
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS AND		togistered A	gent signature require		DATE CONTROL IN ACCORD
TITLE	DETD		1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BETANCOUR, HUDSON		1.2 NAME	1		Change Maditor
STREET ADDRESS	ADDRESS 550 NORTHWEST-27TH-AVENUE, BUILDING A-7		1	T ADDRESS		ĺĝ
CITY-ST-ZIP	FORT-LAUDERDALE-FL-33311		1.4 CHY-			U
TITLE	DELETE DELETE		2 1 TITLE	51-211		Change Addition
NAME	F c. 990/23		2 2 NAME			
STREET ADDRESS			2 3 STREE	T ADDRESS		
CITY-ST-ZIP	•		2.4 CITY			
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	321		3.2 NAME			, <u></u>
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	3.4.		3.4. CITY-	ST-ZIP		
TITLE	DELETE 4.11		4.1 TITLE			Change Addition
NAME			4. 2 NAME	:		İ
STREET ADDRESS			4.3 STREE	I ADDRESS		ļ
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP		
TITLE	DELETE 5.1 TI		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	\$1-7IP		
TITLE	TLE DEC		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		ŀ
CITY-ST-ZIP			6.4 CITY-	ST - ZIP		
THE LAW DOLODS	contifue that the information consisted a				- 0 440 67(0)(1) EL LL 0: 1	

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.

INNSTANCENDE MARGINERIES