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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047147 (9)**

1. Corporation Name

POP & MOP PRODUCTIONS, INC.

Principal Place of Business

**C/O M. CARLISLE, 675 N.E. 115TH STREET
MIAMI FL 33161**

Mailing Address

~~C/O M. CARLISLE, 675 N.E. 115TH STREET
MIAMI FL 33161~~



3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

675 NE 115 ST

P.O. Box 530176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Biscayne Park FL

MIAMI SHORES FL

Zip

Zip

33161

33153 USA

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **PSTD** ☐ DELETE
NAME **CARLISLE, JOHN A**
STREET ADDRESS **C/O M. CARLISLE, 675 N.E. 115TH STREET**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ DELETE
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CITY-ST-ZIP

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: **John A. Carlisle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97
Date

305 750 7493
Daytime Phone #

0519060

CR2E034 (9/96)