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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Såndra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058637 (5)

TOOMUCH PRODUCTIONS, INC.

FILED Jun 11 1997 8:00am Secretary of State



Principal Place 8767 COLLINS MIAMI BEACH	AVE STE 1903		Mailing Address 6767 COLLINS AVE STE 1903 AIAMI BEACH FL 33141-3268				
					3. Date Incorporated or Qualified 07/12/1996	_	
2. Principal P	ace of Business	2e. Mailing Address 26		4. FEI Number	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bc Added to Fees		
Zip 24	Country 25	Z ip 29	30 Coul	ntry	Florida Statutes	or intangible tax under s. 199.032,	
	9, Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent	
BORGES, JORGE				81 Namo	ı		
	' COLLINS AVE STE 1903 VI BEACH FL 33144		ŀ	82 Street	t Address (P.O. Box Number is Not Accep	lablo)	
********			ļ	83			
•			-	84 City		FL 85 Zip Code	
SIGNATURE	egistered agent, or both, in the State of mamiliar with, and accept the obligation familiar with, and accept the obligation agent Standard, typed or protect name of registered agent OFFICERS AND	and title if applicable [N			d corporation submits this statement for the reporation's board of directors. I hereby according to the report of the required when rehistating)	DATE	
TITLE	PSTO	DELETE	1.1 1		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
NAME	BORGES, JORGE	C) better	1.2 NA			CT pumps CT yourish	
STREET ADDRESS	6767 COLLINS AVE STE 1903		ŧ	reet address			
CITY-ST-ZIP	MIAMI BEACH FL 33144		1.4 CiT	Y-ST-7IP			
7/0/		DELETE	2 1 1 1	LT		Change Addition	
NAME			5.5 NA				
STREET ADDRESS				REFT ADDRESS		Ť.	
CITY-ST-ZIP TITLE		DELETE	3.1 111	IY+\$1+ZIP LE		Change Addition	
NAME			3.2 NA	MΕ			
STREET ADDRESS			3.3 \$16	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	4.1 111			Change Addition	
NAME Street Address			4.2 N/	ime Reet address			
CITY-ST-ZIP			- 1	1661 ADDNESS Y-ST-ZIP			
TITLE		DELETE	5.1 TIT			Change Addition	
NAME	<i>:</i>		5.2 NA	ME			
STREET ADDRESS	A STATE OF THE STA		5.3 STI	REET ADDRESS			
CITY-ST-ZIP	3' 3	Decemen		Y - \$1 - 7IP		D Observe D Autori	
TITLE		DELETE	6.1 111			Change Addition	
NAME OTDEET ANNDESSE			62 NA				
STREET ADDRESS				REFT ADDRESS			
CITY-ST-ZIP	y earlie that the information supplied	with this filips does not sur	64 Cil	Y - \$1 - 7/P	stated in Castion 110 07/2Vi) Florida State	tee 16 will be postificable to the	

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.

1/05/05