## 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 # P96000068304 (0)

**CORAZON PRODUCTIONS, INC.** 

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					# #0011001 410 10410 DAIR #0441 00411 0011	00110 \$1101 10108 1111 00111 01	j <b>a</b> l 1881
11814 S.W. 99 ST. 11814 S.W. 99 ST.							
MIAMI FL 33186 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE		
				ţ	3. Date Incorporated or Qualified		
					08/16/1996		
	Place of Business	2a. Mailing Address	Su 1711		4. FEI Number	— — — · · ·	ed For
Suite, Apt	105W 134 CT	26 10500 Suite, Apt #, etc.	SW 134	<u> </u>	65-0687838		Applicable
22	π, <b>σι</b> ο.	27			5. Certificate of Status Desired	\$8.75 Add	
City & Stat	_	City & State			6. Election Campaign Financing	\$5.00 M	av Be
23 MtAn	<del></del>	28 MIAMI	FL		Trust Fund Contribution	☐ Added to F	
24 3318	Country	29 33186	Country	1	8. This corporation owes or has pai		~
24 50 0	9. Name and Address of Current		30 USA		Personal Property Tax due June  10. Name and Address of New Rec		40
НА	RRINGTON, RAQUEL C		81 Name	211			
!					KINGTON KAOU s (P.O. Box Number & Not Acceptable	ELC.	
					500 SW 134 CT	θ)	
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				MI	<u> </u>	- FL     ろろ) (	5810 l
office or r	to the provisions of Sections 607.0502 egistered agonf, or both, in the State or familiar with, and accept the obliga	<sup>2</sup> and 607,1508, Florida Stat of Florida, Such change wa	utes, the above-name s authorized by the co	d corpora rporation	ation submits this statement for the pu n's board of directors. I hereby accep	urpose <b>of</b> changing its re t the appointment as req	agistered   gistered
SIGNATURE	no familiar with, and accept the obligation of the colligation of the collinear of the colligation of the collinear of the colligation of the collinear of the collinear of the colligation of the collinear of th	Nons of Section 607.0505, 1	Florida Statutos.	ocià.	ent Director		
SIGNATORE	Signature, typing or primed name of registered agre-	WWEA CHARE	OTE: Roustered Agent signatur	re required	when refustaling)	DATE	]
12.	OFFICERS AND		13.	1 75	ADDITIONS/CHANGES TO OFFICE		
NAME	D Harrington, raquel C	☐ DELETE	1.1 TITLE	P/	(D)	Change L	Addition
STREET ADDRESS	11814 S.W. 99 ST.		1.2 NAME 1.3 STREET ADDRESS	′			
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NAME expect annuces			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
14. I hereby c	certify that the information supplied wil	h this filipo does not cuelifu	for the examption state	lad ir. So	etico 119 07/3Vi) Florida Statutes I f	urther certify that the inf	ormation

Indicated on this annual report or supplied with this integration of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report for 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 in 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.