## 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 # P96000074704 (3)

PAPPAGALLO PRODUCTIONS, INC.									
Principal Ptace of Business Mailing Address						t tantikun ina imter mittel ani	#0  (r AB(\$! 98!   164	1 01831 18811 <b>0</b> 41	
% IMBER & COMPANY % IMBER & COMPANY									
	MI BEACH BLVD RI BEACH FL 33162	1031 N. MIAMI BEACH BLVD NORTH MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE				
NOBER MIAN	M BEACH PL 33102	NORTH MIAMI BEACH	FL 33104	2		3. Date Incorporated or Qu			
						09/05/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				65-0692804		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲	\$8.75 A		
City & Stat	е	City & State				6. Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 Added t	
Zip	Country	Zip		country	***	8. This corporation owes o	r has paid the cu	rent year Int	angible
24	25	29	30			Personal Property Tax d	ue June 30.	Yes [	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of	New Registered	Agent	
DE	ALMEIDA SANTOS, ANTONIO			81	Name				
27	2710 NATOMA STREET				Street Ad	Idress (P.O. Box Number is Not A	cceptable)		
cc	COCONUT GROVE FL 33133								
ļ				83					
				84	City		FL		Code
11. Pursuant office or a	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was lations of Section 607.0505	tutes, the s authori Florida S	above zed by	-named co the corpor	orporation submits this statement ration's board of directors. I heret	for the purpose o by accept the app	changing its ointment as	s registered registered
SIGNATURE	or laring with and doops to only	200000000000000000000000000000000000000	, 10.104 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				ĺ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registers					nt signature rec	quired when reinstating)	DATE		
12.	0.1.102.107.110			3		ADDITIONS/CHANGES T	O OFFICERS AND		<del></del>
TITLE	D DELETE			1 TITLE				☐ Change	Addition
NAME	DE ALMEIDA SANTOS, ANTONIO			2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
CiTY-ST-ZIP	COCONUT GROVE FL 33133			1.4 CITY-ST-ZIP				T10	Addition
TITLE	D DELETE		1	2,1 TITLE				☐ Change	MODERON
NAME	SOMMOVIGO, CHRISTOPHER V			2.2 NAME					
STREET ADDRESS			1	2.3 STREET ADDRESS					
CITY-ST-ZIP	LAWRENCEVILLE GA 30243			2. 4 CITY-ST-ZIP				1 05	No array
TITLE				3,1 TITLE				Change	☐ Addition
NAME				2 NAME					Ì
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		<u> </u>		F. CITY-S	T-ZIP			T Observe	i favolitica
TITLE		☐ DELETE	4.1	1 TITLE				Change	Addition

6.4 CITY-ST-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 at 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 an attachment with an address.

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TTLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

NATURE REQUIRED

DELETE

DELETE

Change

Change

Addition

☐ Addition

**FILED** 

Jan 23 1998 8:00am

Secretary of State