

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000076423 (8)**

1. Corporation Name  
**DIAMOND LIGHT PRODUCTIONS, INC.**



Principal Place of Business

Mailing Address

~~901 PONCE DE LEON BLVD  
 SUITE 701  
 CORAL GABLES FL 33134~~

~~901 PONCE DE LEON BLVD  
 SUITE 701  
 CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **485 NE 114TH STREET**

Suite, Apt. #, etc.

22 City & State

23 **MIAMI, FLORIDA**

24 Zip

25 Country

24 **33161**

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2a. Mailing Address

26 **485 NE 114TH STREET**

Suite, Apt. #, etc.

27 City & State

28 **MIAMI, FLORIDA**

29 Zip

30 Country

29 **33161**

30

3. Date Incorporated or Qualified

**09/13/1996**

4. FEI Number

**65-0410673**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

**TORRES, NESTOR  
 1209 LA MANCHA  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

**TORRES, NESTOR**

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

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84 City

**FL**

85 Zip Code

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 registrant agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE

NAME **TORRES, NESTOR**  
 STREET ADDRESS **1209 LA MANCHA**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT, SEC/TREASURER**  Change  Addition

1.2 NAME **2 DIRECTOR**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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 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

*[Handwritten Signature]*

**4/28/98**

CR2E034 (10/97)