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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

· 1999 DOCUMENT # **P96000076423**1. Corporation Name

DIAMOND LIGHT PRODUCTIONS, INC.

						, <u>1</u> 111 10 013 6 1114 0101 0 11000 1114 110 0
Principal Place of Business Mailing Address						
485 NE 114TH ST 485 NE 114TH ST						
MIAMI FL 33161 US	1	MIAMI FL 33161 US	MIAMI FL 33161		DO NOT WRITE IN THIS SPACE	
03		US	us		3. Date Incorporated or Qualifed	
ı					09/13/1996	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			 	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation owes the current year	
24	25 29 30		30	Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	red Agent
				81 Name TORRES NESTOR		
TORREX) NESTOR			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
1209 LA MANCHA			L			
COH	IAL GABLES FL 33134	•	8	3		
			B	4 City		85 Zip Code
	•			' '	_	FL
l office.orr	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized D	ov the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	_					
	Signature, typed or printed name of registered ager		_	gent signature require	ADDITIONS/CHANGES TO OFFICERS	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
ΠΠLE	1010			,		
NAME	1010120, 11201011		1.2 NAM			
STREET ADDRESS			' I'	ET ADDRESS		·
CITY-ST-ZIP			1.4 CITY			Change Addition
TITLE			2.1 TITLE	+	•	C cridinge C 1 recipion
NAME			2.2 NAM			
STREET ADDRESS	ADDRESS			ET ADDRESS		
CITY-ST-ZIP		Floritte	2.4 CITY			☐ Change ☐ Addition
ΠΠLE	•		3.1 TITLE			Clauside Disconnii
NAME			3.2 NAM	-		
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			Change Addition
TITLE			4.1 TITL	· .		☐ Change ☐ Addition
NAME			4, 2 NAM	-	year a _{nd}	
STREET ADDRESS		•	4.3 STR	ET ADDRESS		
CITY-ST-ZIP .			4.4 CITY			I Characa I Adulti-
TITLÉ		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM			
STREET ADDRESS	ļ			ET ADDRÉSS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Addition ☐
NAME			6.2 NAM			1
STREET ADDRESS			6.3 STR	EET ADORESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and according or director of the corporation or the receiver or trusted amprovered to end to the supplemental annual report is true. The supplemental annual report is true and according to the supplemental annual report is true. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information etrate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90095 032 ***150.00

A TRACTICA DE LA COMPANIO DE COMPA