

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084449 (3)

1. Corporation Name
EL SHOW DE MIAMI, INC.

Principal Place of Business
17911 NORTH WEST 66TH CRT. CIRCLE
MIAMI LAKES FL 33015

Mailing Address
17911 NORTH WEST 66TH CRT. CIRCLE
MIAMI LAKES FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1996 3a. Date of Last Report

4. FEI Number 65-0757661 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

2. Principal Place of Business 21 17911 NORTH WEST 66TH CRT. 2a. Mailing Address 26 9879 Nob HILL LANE

Suite, Apt. #, etc. CIRCLE Suite, Apt. #, etc.

City & State 23 MIAMI LAKES FL 33015 City & State 28 SUNRISE FL

Zip 24 33015 Country 25 USA Zip 29 33351 Country 30

9. Name and Address of Current Registered Agent

DE DIOS TORRES, JUAN
17911 NORTH WEST 66TH CRT. CIRCLE
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE DIOS TORRES, JUAN	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VERA, GERARDO	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARRILO, MARIA GRABIELA	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

[Signature]

09-09-97 (959)746 0430

CP2E034 (4/97)