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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084449

1. Corporation Name
EL SHOW DE MIAMI, INC.

Principal Place of Business	Mailing Address
1401 SW 124TH CT UNIT C MIAMI FL 33184 US	1401 SW 124TH CT UNIT C MIAMI FL 3318 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12365 SW 18th St.	2a. Mailing Address 26 12365 SW 18TH ST
Suite, Apt. #, etc. 22 Apt #314	Suite, Apt. #, etc. 27 Apt #314
City & State 23 MIAMI Florida	City & State 28 MIAMI - FLORIDA
Zip / Country 24 33175 25 USA	Zip / Country 29 33175 30 USA

3. Date Incorporated or Qualified: 10/08/1996

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERARDO, VERA
1401 SW 124TH CT
UNIT C
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: MARIA G. CARRILLO
82 Street Address (P.O. Box Number is Not Acceptable): 12365 SW 18TH ST
83: Apt #314
84 City: MIAMI FL 85 Zip Code: 33175

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: X [signature] 5/15/99 FECHA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE DIOS TORRES, JUAN		1.2 NAME	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015		1.4 CITY-ST-ZIP	
TITLE	TD	X DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VERA, GERARDO		2.2 NAME	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARRILO, MARIA GRABIELA		3.2 NAME	
STREET ADDRESS	17911 NORTH WEST 66TH CRT. CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/16/99 305-5548213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FIRMA [signature]