

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90009 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000084596**

1. Corporation Name  
**PRODUCTIONS JUST IN TIME, INC.**

Principal Place of Business

**12000 BISCAYNE BLVD.  
SUITE 608  
MIAMI FL 33181**

Mailing Address

**12000 BISCAYNE BLVD.  
SUITE 608  
MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1996**

4. FEI Number

**65-0750753**

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

2. Principal Place of Business

**21 5401 COLLINS AVE**

Suite, Apt. #, etc.

**22 MEZZ.**

City & State

**23 MIAMI BEACH FL.**

Zip

Country

**24 33140 25 USA**

2a. Mailing Address

**26 5401 COLLINS AVE**

Suite, Apt. #, etc.

**27 MEZZ.**

City & State

**28 MIAMI BEACH FL**

Zip

Country

**29 33140 30 USA**

9. Name and Address of Current Registered Agent

**SANCHEZ, ELIZABETH  
12000 BISCAYNE BLVD.  
SUITE 608  
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

**ELIZABETH SANCHEZ**

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

**5401 COLLINS AVE.**

83

**MEZZ.**

84

**MIAMI BEACH FL**

85 Zip Code

**33140**

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

☐ DELETE

**DP  
SANCHEZ, ELIZABETH  
12000 BISCAYNE BLVD., SUITE 608  
MIAMI FL 33181**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**5401 COLLINS AVE  
MIAMI BEACH FL 33140**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-18-99 (305) 867-4010**

CR2E034 (11/98)