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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1997

DOCUMENT # P96000084652 (2)

MTV PRODUCCIONES ESPECIALES INC.

Principal Place	of Business	Ma	alling Address			· · · · · ·		T INDIANO TAN TOTAN KITA KRITI NGILI NGILI NGILI		DIANG BUIGH AN	
\$061 BW 142 AVE.			3061 SW 142 AVE.								
MIAMI FL 93175			MIAMI FL 33175-6526				j				
							- 1				
								<ol> <li>Date Incorporated or Qualified 10/14/1996</li> </ol>	3a. Da	ate of Last f	Report
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		A	pplied For
21			26					65-0703663			ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27								equired
City & State			City & State					6. Election Campaign Financing			May Be
23 County			Zip Country					Trust Fund Contribution			to Fees
Zip	Country	-1	}			•			iability for intangible tax under s. 199.032,  Yes No		
24	25 9. Name and Address of Current				30			Florida Statutes  10. Name and Address of New Re			·
^7C		inogio	torou Agorit		81	Name		10, Haile and Address of New No	giatorou	Agont	
	TYRKO, CLAUDIA										
9061 SW 142 AVE. MIAMI FL 33175						Street /	Addres	ess (P.O. Box Number is Not Acceptable)			
MIA	WI FL 331/5				63						
						1		•			l l
					84	City			FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Stalutes, office or registered agent, or both, in the State of Florida. Such change was autil agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida.					how	nomod	cornor	ation submits this clatement for the r		f changing	its registered
office or re	egistered agent, or both, in the State of	of Floric	da. Such change was	authorize	d by	the corp	poration	ation submits this statement for the parties board of directors. I hereby accept	orpose o	ointment as	s registered
agent. I ar	m familiar with, and accept the obligat	tions of	, Section 607.0505, FI	orida Sta	lutes	3.					ł
SIGNATURE .	Signature, typod or printed name of registered agen	Loud title	/ neglection /NOT	6 Daniston	d Age	ot a cookur.	topying	when re-natating)	DATE		
12,	OFFICERS AND			13.	o Age	TI S GILDIOIC	requied	ADDITIONS/CHANGES TO OFFIC		DIRECTO	BS IN 12
TITLE	D		DELETE	1.1 1	TLE	<b>-</b>	T			Change	Addition
NAME	BRUNI, EDUARDO			1.2 N	AME		1			_ •	
STREET ADDRESS AVDA RIVADAVIA 1966 5B, BUE											
CITY-ST-ZIP	ARGENTINA			1		1 - 7IP	]				Ì
TITLE	D		DELETE	2.11			İ			Change	Addition
NAME	IGLESIAS, HUMBERTO			2.2 N	AME						
STREET ADDRESS	AVDA RIVADAVIA 1966 5B, BU!	ENOS	NOS AIRES			2.3 STREET ADORESS					
CITY-ST-ZIP	ARGENTINA					\$1-ZIP			-		ļ
TITLE	D		DELETE	311						Change	Addition
NAME	MIRZA, ROBERTO F			32 N	AME	1					Ì
STREET ADDRESS	AVDA RIVADAVIA 1966 5B, BUI	enos	AIRES	3.3 S	IREET	ADDRESS					
CITY-ST-ZIP	ARGENTINA			3.4.0	11Y - 9	S1 - 21P					
TITLE			☐ DELETE	4,1 %						Change	Addition
NAME				4.21	IAME						1
STREET ADORESS				4.3 S	HEFT	ADDRESS					
CITY-ST-ZIP				4.4 0	11Y-\$	1- <b>7</b> (P					ì
TITLE			DELETE	5.1 7	TLE					Change	Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS	}				
CITY-ST-ZIP				5.4 C	IIY-S	T - 7H²	1				
TITLE			DELETE	6111						☐ Change	Addition
NAME				62 N	4ME						
STREET ADDRESS				6.3 S	TREET	ADDRESS	]				
4							ı				1

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 eath; 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 charge of or on an attachment with an address.

CIANATURE.

4-17-97 (30) 553,6101

**FILED** 

Apr 24 1997 8:00am

Secretary of State