

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

FILED
May 19 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 # P96000085444 (3)

1. Corporation Name
SPACE PRODUCTIONS, INC.



Principal Place of Business
1800 N.W. 128TH DRIVE, #303
SUNRISE FL 33323

Mailing Address
1800 N.W. 128TH DRIVE, #303
SUNRISE FL 33323-5202

3. Date Incorporated or Qualified
10/14/1996

3a. Date of Last Report

2. Principal Place of Business
21 4722 N.W. 97 CT.

2a. Mailing Address
26 4722 N.W. 97 CT.

4. FEI Number
582274151

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
MIAMI FL.

27 City & State
MIAMI FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip
33178

25 Country
USA.

29 Zip
33178

30 Country
USA.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, DAVID J
100 NORTH BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ASSUNTO, NICOLA
STREET ADDRESS 1800 N.W. 128TH DRIVE, #303
CITY-ST-ZIP SUNRISE FL 33323

1.1 TITLE D
1.2 NAME ASSUNTO, NICOLA
1.3 STREET ADDRESS 1800 N.W. 128TH DRIVE, #303
1.4 CITY-ST-ZIP SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D
2.2 NAME CARLOS CABANAS
2.3 STREET ADDRESS 465 W. PARK DR #10
2.4 CITY-ST-ZIP MIAMI FL 33172

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 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:

ASSUNTO, NICOLA
4/22/94 305-406150

CR2E034 (9/96)