


FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000101212 (4)</b>			
<b>1. Corporation Name</b> <b>BIG O PRODUCTION COMPANY</b>			
<b>Principal Place of Business</b> <b>1799 WEST 79TH STREET</b> <b>HIALEAH LAKES FL 33014</b>		<b>Mailing Address</b> <b>1799 WEST 79TH STREET</b> <b>HIALEAH LAKES FL 33014-3235</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> <i>Home: 1799 W 79 ST</i>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b> <i>Hialeah FL</i>		<b>28</b>	
Zip		Zip	
<b>24</b> <i>33014</i>		<b>29</b>	
Country		Country	
<b>25</b> <i>USA</i>		<b>30</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>GOMEZ, OLGA V</b> <b>1799 WEST 79TH STREET</b> <b>HIALEAH LAKES FL 33014</b>			<b>81</b> Name
			<b>82</b> Street Address
			<b>83</b>
			<b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> <i>Olga V. Gomez</i> (NOTE: Registered Agent signature required) Signature, typed or printed name of registered agent and title, if applicable			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>13.</b>			
<b>TITLE</b>	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>
<b>NAME</b>	<b>OLGA V. GOMEZ</b>		<b>1.2 NAME</b>
<b>STREET ADDRESS</b>	<b>1799 W 79 ST</b>		<b>1.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	<b>HIALEAH FL 33014</b>		<b>1.4 CITY - ST - ZIP</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>
<b>NAME</b>			<b>2.2 NAME</b>
<b>STREET ADDRESS</b>			<b>2.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>			<b>2.4 CITY - ST - ZIP</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>
<b>NAME</b>			<b>3.2 NAME</b>
<b>STREET ADDRESS</b>			<b>3.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>			<b>3.4 CITY - ST - ZIP</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>
<b>NAME</b>			<b>4.2 NAME</b>
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>			<b>4.4 CITY - ST - ZIP</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>
<b>NAME</b>			<b>5.2 NAME</b>
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>			<b>5.4 CITY - ST - ZIP</b>
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>
<b>NAME</b>			<b>6.2 NAME</b>
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>			<b>6.4 CITY - ST - ZIP</b>
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>Olga V. Gomez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CH2E034 (9/96)