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May 21 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 # **P96000104178 (4)**

1. Corporation Name
C C S PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2559 JARDIN LANE FT. LAUDERDALE FL 33327	2559 JARDIN LANE FT. LAUDERDALE FL 33327-1510

3. Date Incorporated or Qualified: 12/30/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 260 CRANDON BLVD
22 Suite, Apt. #, etc.: SUITE 32-391
23 City & State: KEY BISCAYNE, FL
24 Zip: 33149 25 Country: USA

2a. Mailing Address
26: 260 CRANDON BLVD
27 Suite, Apt. #, etc.: SUITE 32-391
28 City & State: KEY BISCAYNE, FL
29 Zip: 33149 30 Country: USA

4. FEI Number: 65-0727329 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOSEPHER, GLORIA ROA
2100 PONCE DE LEON BLVD.
SUITE 920
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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	PSD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MASEDA, MARLENE		1.2 NAME	
STREET ADDRESS	2559 JARDIN LANE		1.3 STREET ADDRESS	260 CRANDON BLVD, SUITE 32-391
CITY-ST-ZIP	FT. LAUDERDALE FL 33327		1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MASEDA, VICTOR		2.2 NAME	
STREET ADDRESS	2559 JARDIN LANE		2.3 STREET ADDRESS	260 CRANDON BLVD, SUITE 32-391
CITY-ST-ZIP	FT. LAUDERDALE FL 33327		2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MASEDA, ARTURO		3.2 NAME	
STREET ADDRESS	2559 JARDIN LANE		3.3 STREET ADDRESS	260 CRANDON BLVD, SUITE 32-391
CITY-ST-ZIP	FT. LAUDERDALE FL 33327		3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149
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 (9/96)

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: Marlene Maseda 5/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0005973

MARLENE MASEDA, PRESIDENT