

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000023352 (2)**  
 1. Corporation Name  
**CEIBA PRODUCTIONS, INC.**



Principal Place of Business: **2555 COLLINS AVE. PENTHOUSE 210 MIAMI BEACH FL 33140**

Mailing Address: **2555 COLLINS AVE. PENTHOUSE 210 MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/14/1997</b>	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number <b>65-0738609</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MONTIEL DAVIS, MAGDA P.A.**  
**2850 S.W. 27 AVE.**  
**SUITE 300**  
**MIAMI FL 33133**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAZAR, MANNING</b>	1 2 NAME	
STREET ADDRESS	<b>2555 COLLINS AVE.</b>	1 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ARMANDO</b>	2 2 NAME	
STREET ADDRESS	<b>2555 COLLINS AVE.</b>	2 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDENEDES, EMILIO</b>	3 2 NAME	
STREET ADDRESS	<b>2555 COLLINS AVE.</b>	3 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	3 4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, ALVARO</b>	4 2 NAME	
STREET ADDRESS	<b>2555 COLLINS AVE.</b>	4 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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; that 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: *Cheryl J. Fumandy* 4-27-98 (305) 531-2520

CR2E034 (10/97)