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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000031427

AIYA GUZMAN DOS PA

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, with all other like empowered.

## **FILED** Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90089 031 \*\*\*150.00

Principal Place of Business 4	Mailing Address		T FORTISPEN FILM INTERNATIONAL SERVICE CONTRACTOR AND	13 <b>0</b> (1 <b>01616 11011 1641 18</b>	1
11 N POMPANO BCH BLVD	111 N POMPANO BCH BLVD				
H-1	PH-1				
OMPANO BCH FL 33062	POMPANO BCH FL 33062		DO NOT WRITE IN THIS SPA	ACE	<u> —</u> ¬
IS .	US		3. Date Incorporated or Qualifed		
			04/07/1997	TT.	<b></b> -∤
2. Principal Place of Business	2a. Mailing Address	1161	4. FEI Number	Applied For	
1 12251 Taff Street	26 12251 10	If Street	65-0744283	Not Applicat	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional	-
2 Suite 200	27 Suite	200	<u> </u>	Fee Required	$\dashv$
City & State  3 Pembroke Pine, Floric	cla 28 Pembruke Pin	re Florida	1 - 1	\$5.00 May Be Added to Fees	=
<u> </u>			Trust Fund Contribution		-(
Zip Country	Zip	Country	8. This corporation owes the current year Intangi	ible  Yes □No	
4 33026 25	29 33026 30	<u> </u>	Personal Property Tax.  10. Name and Address of New Registered Age		$\dashv$
9. Name and Address of Cu	urrent Registered Agent	81 Name	to. Name and Address of New Registered Age	2016	
GUZMAN, AIXA				<u> </u>	
111 N POMPANO BCH		82 Street Add	ress (P.O. Box Number is Not Acceptable)		['
APT 211					—{
		83			Ì
POMPANO BCH FL 33062		84 City		35 Zip Code	$\neg$
			FL\`		
<ol> <li>Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the o</li> </ol>	State of Florida. Such change was auth	norized by the corporat	poration submits this statement for the purpose of cha ion's board of directors. I hereby accept the appointm	ent as registered	•
SIGNATURE			,		Į
Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE: Re	egistered Agent signature requir	ed when reinstating) DATE		
	O AND DIDECTORS	T 42	ADDITIONS/CHANGES TO DESICERS AND D	DIRECTORS IN 12	ו ר
12. OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		$\overline{}$
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SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR