Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90010 015 \*\*\*150.00

## 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 # P97000033503

HIERRO	STUDIOS, INC.					
Principal Place	of Business	Mailing Address			1 (00)(00) (10 (0)(1)(1 (0)(1 (0)(1 (0)(1)(1 (0)(1 (0)(1)(1 (0)(1)(1 (0)(1 (0)(1)(1 (0)(1)(1 (0)(1)(1 (0)(1)(1 (0)(1)(1)(1 (0)(1)(1)(1 (0)(1)(1)(1 (0)(1)(1)(1)(1 (0)(1)(1)(1)(1)(1 (0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ISB (1188 1415) SIMI SEISE MILLS
2052 IMPERIAL CIRCLE NAPLES FL 34110  2052 IMPERIAL CIRCLE NAPLES FL 34110					DO NOT WOLF IN T	US COACE
US US					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualifed 04/14/1997	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	add of Edomoso	26			59-3440720	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	·	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip [	Count	iry	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☑ No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registere	ed Agent
81 Name						
HIERRO, GREGORY			-	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	IMPERIAL CIRCLE		,	Silect Addi	ess (1 .O. Box Hamber to Het Hessphare)	
NAPI	LES FL 34110		ε	33		
	•		5	34 City		. 85 Zip Code
					<b>F</b>	<b>L</b>
affica as s	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was at	ITOOTIZAA T	w me comoranc	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	or changing its registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:		gent signature require		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	☐ DELETE 1.11				C Onlange C / Nation
NAME	HIERRO, GREGORY	12				
STREET ADDRESS	SOZ MIT ENIZE ON			EET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110			-ST-ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE 2.1				□ Ottorigo (□ trassers
NAME	HEIMO, OBRODIA D		2.2 NAM			
STREET ADDRESS	LOOP HAS CHARLE ON		9	EET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110	☐ DELETE	3.1 TITU	Y-ST-ZIP		☐ Change ☐ Addition
TITLE		_ beech	3.2 NAM			
NAME STREET ADDRESS				EET ADDRESS		
•				Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NA	AE		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 C/TY	'-ST-ZIP	W.F.V.	
TITLE		☐ DELETE	61 TITL	E		☐ Change ☐ Addition

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 of the receiver of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2-12-99