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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000042906

1. Corporation Name

FUNKY FINGER PRODUCTIONS, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90089 026 ***150.00



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|--|--|--|---|--|--|------------------------------------|----------------------------|-------------------|
| Principal Place | of Business | Mailing Address | | | 1 10011001 140 18111 188() BR141 1 | 18111 AB111 AB111 AIN111 AIN110 11 | |)14 e11; 1861 |
| 3305 ALHAMBRA CIRCLE . 3305 ALHAMBRA CIRCLE | | | | } | | | | |
| CORAL GABLES FL 33134 CORAL GABLES FL 33134 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | |
| | | | | 1 | 3. Date Incorporated or Qualifect | ı | | |
| V 2.4. | | 2a. Mailing Address | | | 05/14/1997 4. FEI Number | - | T Appl | ied For |
| - A - A - A - A - A - A - A - A - A - A | | | MA ALA | 1 | | | | |
| | | | U / HAVE | | <u>NOT APPLICABLE</u> | œ. | B.75 Ad | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | ļ | 5. Certifcate of Status Desired | | Fee Rea | |
| 22 | | 27 City & State | | | | | | |
| City & State | The state | City & State | lorida | ľ | Election Campaign Financing Trust Fund Contribution | | 55.00 м Added to | |
| 23 Hraw | Country | Zip Zip | Country | | 8. This corporation owes the cu | | | |
| Zip マなん | | | USA | 1 | Personal Property Tax. | ireni year intangib | | ÉNO ! |
| 24 3316 | 9. Name and Address of Current | | | | 10. Name and Address of New | | | |
| | 5. Name and Address of Current | Registered Agent | 81 Nar | | 10. (10.110 01.0) | | | |
| ARIF | MREJEN, P.A. | | | | | | | |
| 701 W CYPRESS CREEK RD | | | 82 Stre | et Addres: | s (P.O. Box Number is Not Accep | table) | | |
| SUITE 302 | | | 83 | | | | | |
| | AUDERDALE FL 33309 | | 83 | | | | | |
| | HODENDALE I E 00000 | | 84 City | , | | FL 85 | Zip Co | de |
| | | | | | | F.L. | ina ita s | |
| 11. Pursuant office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | and 607.1508, Florida Statutes, ti / Florida. Such change was autho | ine above-nam orized by the co | ea corpora orporation's | s board of directors. I hereby according | ept the appointmen | nt as regi | stered |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Florida | Statutes. | | · · · · · · · · · · · · · · · · · · · | | • | n. ' ' |
| SIGNATURE | | | | <i>-</i> | | DATE | | \ |
| | Signature, typed or printed name of registered agent | | istered Agent signat | ure required wi | ADDITIONS/CHANGES TO O | | RECTOR | S IN 12 |
| 12. | OFFICERS AND | | 11 T/TLE | Prest | dent & C.E.O. | | Change | Addition |
| TITLE | D | 1 | 1.2 NAME | | LENDEZ, JOSE H | | - | |
| NAME | MENENDEZ, JLSE M | | 1.3 STREET ADDRE | 775 | 5 Alhambra Circle | | | |
| STREET ADDRESS | %3305 ALHAMBRA CIR | | | | al Gables Fl. 33 | 134 | | |
| CITY IST-ZIP | CORAL GABLES FL 33134 | DELETE | 1.4 CITY-ST-ZIP | | al Gables Fr. 22 | | Change | Addition |
| TITLE | D | ,- | 2.1 TITLE | | | · | Junigo | |
| NAME | DELAET, ALEX | | | | | | | 1 |
| STREET ADDRESS | | | 2.2 NAME | | | | | |
| | %3305 ALHAMBRA CIR | | 2.3 STREET ADORE | ESS | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 2.3 STREET ADORE | 1 | 0 | | hangs | Addition |
| TITLE | CORAL GABLES FL 33134 D | ☐ DELETE | 2.3 STREET ADORE 2.4 CITY-ST-ZIP 3.1 TITLE | Vice | -President | A | Change | ☐ Addition |
| | CORAL GABLES FL 33134 D PEDROZO, GABRIEL | □ DELETE | 2.3 STREET ADORE 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | Vice | -President oso, Gabriel | - (4) | Change | ☐ Addition |
| TITLE | D PEDROZO, GABRIEL | □ DELETE | 2.3 STREET ADORE 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE | Vice fedn | oso, Gabriel 5 Alhambra Circle | A | Change | Addition |
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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 supplier ental 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.

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-667-6797