

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

FILED

Apr 30 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 # P97000046602 (3)

1. Corporation Name

MAPA PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

444 BRICKELL AVENUE SUITE 300  
MIAMI FL 33131

444 BRICKELL AVENUE SUITE 300  
MIAMI FL 33131

4019 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

4019 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0756006

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MERKIN, STEWART A  
444 BRICKELL AVENUE SUITE 300  
MIAMI FL 33131  
4019

10. Name and Address of New Registered Agent

81 Name

LILA MACHADO

82 Street Address (P.O. Box Number is Not Acceptable)

4019 N. UNIVERSITY DR.

83

84 City

SUNRISE

FL

85 Zip Code

33351

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BARBOZA, CESAR MACHADO  
STREET ADDRESS 444 BRICKELL AVENUE SUITE 300  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME TARRE, ORANGEL F. M  
STREET ADDRESS 444 BRICKELL AVENUE SUITE 300  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4019 N. UNIVERSITY DR.  
1.4 CITY-ST-ZIP SUNRISE, FL. 33351

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4019 N. UNIVERSITY DR.  
2.4 CITY-ST-ZIP SUNRISE, FL. 33351

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY/Director  
4.3 STREET ADDRESS LILA MACHADO  
4.4 CITY-ST-ZIP 4019 N. UNIVERSITY DR.  
SUNRISE, FL. 33351

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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

*[Signature]*

4/20/98 (954) 746-6740

CR2E034 (10/97)