

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90009 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000051209**

1. Corporation Name  
**MIAMI FILM CONNECTION, INC.**



Principal Place of Business  
**15020 SW 48 TERRACE**  
 #F  
**MIAMI FL 33185**

Mailing Address  
**15020 SW 48 TERRACE**  
 #F  
**MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/10/1997**

4. FEI Number  
**65-0757559** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **6700 N.W. 72 Avenue**  
 Suite, Apt. #, etc.  
 22

2a. Mailing Address  
 26 **6700 N.W. 72 Avenue**  
 Suite, Apt. #, etc.  
 27

City & State  
 23 **Miami, Florida**  
 28 **Miami, Florida**

Zip Country  
 24 **33166** 25 **U.S.A.**  
 29 **33166** 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**LOPEZ, CARLOS D**  
**15020 SW 48 TERRACE**  
 #F  
**MIAMI FL 33185**

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

TITLE  DELETE  
 NAME **PD LOPEZ, CARLOS D**  
 STREET ADDRESS **15020 SW 48 TERRACE, #F**  
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE  DELETE  
 NAME **VPS INCERA, MAGALY**  
 STREET ADDRESS **15020 SW 48TH TERRACE #F**  
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE  DELETE  
 NAME **VPT LOPEZ, MANUEL B.**  
 STREET ADDRESS **901 SW 37TH AVE #23**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 1999 (305) 863-3335

CR2E034 (11/98)