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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

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FLORIDA DEPARTMENT OF STATE

Sandra B., Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071877 (9)

**CESAR GONZALEZ PRODUCTIONS. INC.** 

Country

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MENDOZA, EDUARDO 2050 CORAL WAY SUITE 307

**MIAMI FL 33145** 

Principal Place of Business Mailing Address 9601 \$W 142 AVENUE SUITE 216 9601 SW 142 AVENUE SUITE 216 -MIAMI FL 33186 MIAMI FL 33186

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

 $Z_{\rm IP}$ 

Suite, Apl. #, etc.

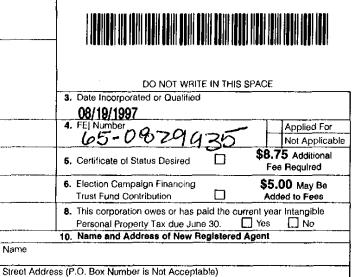
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**FILED** May 15 1998 8:00am Secretary of State



Zip Code

Addition

Addition

Change

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 Agont signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME **GONZALEZ, CESAR** 1.2 NAME 9601 SW 142 AVENUE SUITE 216 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 THEF Change Addition TITLE **OLIVIERI, AUDA** NAME 2.2 NAME 9601 SW 142 AVENUE SUITE 216 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change \_\_\_ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5.4 CITY - \$1 - ZIP

5.1 TITLE

5.2 NAME

6.17111.6

6.2 NAME

Country

81 Name

82

83 84 City

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

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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 or an attachment with an address.

hobalos

DELETE

DELETE