

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

FILED  
Aug 05 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 # P97000074063 (3)

1. Corporation Name

BLACK BOX PRODUCTIONS, INC.



Principal Place of Business

2403 SOUTH MIAMI AVENUE  
MIAMI FL 33129

Mailing Address

2403 SOUTH MIAMI AVENUE  
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0777368

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 10730 NW 66 ST

Suite, Apt. #, etc.

22 514A

City & State

23 MIAMI FL.

Zip

24 33128

Country

2a. Mailing Address

26 10730 NW 66 ST

Suite, Apt. #, etc.

27 514A

City & State

28 MIAMI FL.

Zip

29 33128

Country

30

9. Name and Address of Current Registered Agent

SUAREZ, PATRICIA SR.  
7200 N.W. 19 STREET  
SUITE 402  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name PATRICIO SUAREZ SR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
7200 NW 19 ST  
83 SUITE 510  
84 City MIAMI FL FL 85 Zip Code 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SUAREZ, PATRICIO SR.  
STREET ADDRESS 2403 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

TITLE DP  
NAME SUAREZ, PATRICIO JR.  
STREET ADDRESS 2403 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

TITLE DS  
NAME SUAREZ, AMALIA  
STREET ADDRESS 2403 SOUTH MIAMI AVENUE  
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

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  
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 its 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:

7/2/98 (305) 994-7756

CR2E034 (10/97)