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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000077221 (4)

CINELANDIA, INC.

Principal Place of Business		Mailing Address				-	giii agiii i <b>ag</b> ii iad		
9818 WEST 16TH AVENUE HIALEAH FL 33012		3818 WEST 16TH AVENUE HIALEAH FL 33012			1				
						50.055.055			
						DO NOT WRITE	IN THIS SPA	JE	
\						3. Date Incorporated or Qualified			
2. Principal f	Place of Business	2a. Mailing Address				<b>09/08/1997</b> 4. FEI Number		ΠΔε	oplied For
21		26			65-0776634	7		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	•		Additional	
22		27				Certificate of Status Desired			polited
City & State		City & State				6. Election Campaign Financing		\$5.00	Мау Ве
23		28			Trust Fund Contribution		Added	to Fees	
Zip	hand hand hand		Cour	e, The deportation area of this part the damping year international					
24	25   29   30		<u> </u>	0]		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
A1		ant neglistered Agent		81	Name	10, Harris and Address of New Arc	Aleraien WAc		
	Werilawyer Chartered Is <b>Almeri</b> a Avenue		1	$\perp$					
	ORAL GABLES FL 33134			82	Street Addre	ss (P.O. Box Number is Not Acceptal	ble)		
"	ONAL GABLES IL 33134		1	83			···		
1							<del></del>		<del></del>
<b> </b> 				В4	City		FL  8	5 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	ites, the ab	ove-	named corpo	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of cha	inging it	s registered
office or agent. I a	regi <b>ste</b> red agent, or both, in the Stat am <b>fam</b> iliar with, and accept the obli	ie of Horida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	d by I utes.	the corporatio	on's board of directors. I hereby acce	pt the appoint	nent as	registered
SIGNATURE		•							
<b></b>	Signature, typed or printed name of registered a	··		Agen	t signature required		DATE		
12.		ND DIRECTORS  DELETE	13.	· F		ADDITIONS/CHANGES TO OFFIC			
TITLE	PSD LODEZ DADVIN						ليا	Change	Addition
NAME	LOPEZ, DARYLN \$818 WEST 16TH AVENUE		1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	HIALEAH FL 33012				1				
CITY-ST-ZIP TITLE	VID	DELETE		1.4 C/TY - ST - ZIP 2.1 TITLE				Change	Addition
NAME	NUNEZ, GISELA	• • •		2.2 NAME			L	ora igo	L violatión
STREET ADDRESS	3818 WEST 18TH AVENUE				DDRESS				
CFTY-ST-ZIP	HIALEAH FL 33012		2 4 CiTY - ST - ZIP		1				
TITLE	DELETÉ			3.1 TITLE				Change	Addition
NAME			3.2 NAM					•	
STREET ADDRESS			3.3 STREET		DORESS				
CITY-ST-ZIP	3.4.		3.4. CIT	TY-ST	- ZIP				
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET AD		DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAN	ME					
STREET ADDRESS									
			5.3 STR	REET A	DDRESS				
CITY-ST-ZIP			5.3 STR 5.4 CIT						
CITY-ST-ZIP TITLE		☐ DELETE		Y-ST-				Change	Addition
		☐ DELETE	5.4 CIT 6.1 TITL 6.2 NAM	IY-ST- LE ME				Change	Addition

14. Thereby 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.

DARKU LOGE