

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90045 045 ***150.00

DOCUMENT # P97000077221

1. Corporation Name
CINELANDIA, INC.

Principal Place of Business
~~3818 WEST 16TH AVENUE~~
~~HIALEAH FL 33012~~

Mailing Address
3818 WEST 16TH AVENUE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/08/1997

4. FEI Number
65-0776634

Applied For
Not Applicable

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

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

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

2. Principal Place of Business
21 5588 W. Flagler St

2a. Mailing Address
26 SAME

22 Suite, Apt. #, etc.
23 MIAMI FL.

27 Suite, Apt. #, etc.
28

24 33134-1066 25 DAD

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name DARLYN LOPEZ
82 Street Address (P.O. Box Number is Not Acceptable)
946 NW 13TH CT
83
84 City MIAMI FL 85 Zip Code 33182

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

03/07/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME LOPEZ, DARLYN DARLYN
STREET ADDRESS 3818 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE VTD
NAME NUNEZ, GISELA
STREET ADDRESS 3818 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

DATE

03/07/99

Daytime Phone #

0127389

CR2E034 (11/98)