1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State **Katherine Harris** 02-19-1999 90087 039 ***150.00

i. Corporation	MENT # P97000 PRODUCTIONS, INC.	078245			1			1 1 1 1 1 1 1 1 1 1 	
Principal Place of Business Mailing Address 15360 SW 72ND STREET 15360 SW 72ND STREET #24				~ -		<u></u>	<u> </u>		
MIAMI FL 3319	Race of Business	MIAMI FL 33193			3. Date Incorporated or Qualifed 09/08/1997 4. FEI Number			plied For	
21		26			65-0782447		No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	quired	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 24	Country 25	Zip 30	Country		This corporation owes the cur Personal Property Tax.	rent year Inta		□No	
	9. Name and Address of Currer	t Registered Agent	81 Nar	me	10. Name and Address of New	Registered A	Agent		$\left\{ \right.$
DUQUE, YISEL D 15360 SW 72 ST					s (P.O. Box Number is Not Accept	able)			
24 MIAMI FL 33193			83						
			84 City	,		FL	85 Zip C		
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	the above-name norized by the or a Statutes.	ned corpor orporation	ation submits this statement for the s board of directors. I hereby acce	purpose of o pt the appoin	hanging its tment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signat	ture required w	hen reinstating)	DATE		-	ءِ ا
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND			3
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	3
NAME	DUQUE, YISEL D		1.2 NAME						3
STREET ADDRESS	1		1.3 STREET ADDRE	ESS				•	يًا إ
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY-ST-ZIP						Ì
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	`
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRE	ESS					
CITY-ST-ZIP		□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition	
TITLE		□ AETELE					Orlange		ĺ
NAME			3.2 NAME						1
STREET ADDRESS			3.3 STREET ADDRE	E33					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition	
NAME		<u></u>	4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRE	E 96					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•				
TITLE		☐ DELETE	5.1 TITLE	-		• • •	Change	Addition	-
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRE	ESS			•	· .	
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					i	l

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS