

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90137 031 ***150.00

DOCUMENT # P98000026725

1. Corporation Name

BLACK GUARD PRODUCTIONS, INC.

Principal Place of Business

9707 HAMMOCKS BLVD., N-102
MIAMI FL 33196

Mailing Address

9707 HAMMOCKS BLVD., N-102
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 324 MENDOZA AVENUE

Suite, Apt. #, etc.

22 SUITE #8

City & State

23 CORAL GABLES, FLA

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 324 MENDOZA AVENUE

Suite, Apt. #, etc.

27 SUITE #8

City & State

28 CORAL GABLES, FLA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

SANCHEZ, ALFREDO B
9707 HAMMOCKS BLVD., N-102
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

324 MENDOZA AVE NVE

83 SUITE #8

84 City CORAL GABLES

FL

85 Zip Code 33134

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

4/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS MILLER, TIMOTHY
CITY-ST-ZIP 15018 SW 104TH ST., APT. 2312
MIAMI FL 33196

TITLE ☐ DELETE

NAME D
STREET ADDRESS SANCHEZ, ALFREDO B
CITY-ST-ZIP 9707 HAMMOCKS BLVD., N-102
MIAMI FL 33196

TITLE ☐ DELETE

NAME D
STREET ADDRESS SOTERAKIS, S. ANDREW
CITY-ST-ZIP 9707 HAMMOCKS BLVD., N-102
MIAMI FL 33196

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 EXECUTIVE DIRECTOR ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR ☒ 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 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

Daytime Phone #

4/20/99 305-212-6899

CR2E034 (11/98)

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