

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000027477**

1. Corporation Name

KAMAMERU PRODUCTIONS, INC.

Principal Place of Business

**4200 SOUTH KIRKMAN ROAD
UNIT 1016
ORLANDO FL 32811**

Mailing Address

**4200 SOUTH KIRKMAN ROAD
UNIT 1016
ORLANDO FL 32811**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59 350 26 40

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☒ No

2. Principal Place of Business

21 **4200 South Kirkman Rd**

Suite, Apt. #, etc.

22 **Apt #1016**

City & State

23 **ORLANDO FLORIDA**

Zip

24 **32811**

Country

25 **USA**

2a. Mailing Address

26 **4200 South Kirkman Rd**

Suite, Apt. #, etc.

27 **Apt #1016**

City & State

28 **ORLANDO FLORIDA**

Zip

29 **32811**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **PSTD** ☐ DELETE

NAME **IZQUIERDO, JOSEPH G**
STREET ADDRESS **4200 SOUTH KIRKMAN ROAD**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6th 1999

Daytime Phone #

CR2E034 (5/99)

001/054

P98000027477
588545-90003-29

Orlando Florida July 5th 1999

KAMAMERU PRODUCTIONS INC.

SECRETARY OF STATE OFFICE.

To whom it may concern:

Attached to this letter is my corporation's profit annual report. The first notice packet, was never received at our mailbox, this second package was the first one received. I am including a check for \$150 which cover the original fees. As instructed by one of your agents *Melissa Dee*. Thank you, and please use the following address in the future, AMERILAWYER the entity showing as our agent, represents this corporation. Perhaps that is where the initial package was sent to.

Thank you, and God bless.

KAMAMERU PRODUCTIONS INC,
4200 SOUTH KIRKMAN ROAD SUITE#1016
ORLANDO, FLORIDA, 32811.

Joseph G. Inquiendo.
President