Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90028 012 ***150.00

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

DOCUMENT # P98000040744

TECNO LATIN PRODUCTIONS, INC.

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Principal Plac	e of Business	Mailing Address				A 88111 88111 88111		WIT WIEN 1981
705 TANGLEWOOD CIRCLE 705 TANGLEWOOD CIRCLE WESTON FL 33327 WESTON FL 33327					DO NOT	VRITE IN THIS	SDACE	£
					3. Date Incorporated or Quali 05/05/1998		OI ACE	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-08325	66	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	_	\$8.75 A	ditional
22		27			5. Certificate of Status Desired	<u>, , , , , , , , , , , , , , , , , , , </u>	Fee Req	uired
City & Stat	te	City & State			6. Election Campaign Financi	ng 🖂	\$5.00 N	/lay Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_ Country	1	8. This corporation owes the	current year Inf		٦.,
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of Ne	w Registered	Agent	
ACI	III ELLA IOSE		81	Name				
AGUILELLA, JOSE 705 TANGLEWOOD CIRCLE			82	Street A	Address (P.O. Box Number is Not Acc	eptable)		
	STON FL 33327			<u> </u>				
1150	TON FL 33321		83		•			
			84	City		FL	85 Zip Ci	ode
12.	OFFICERS AND DIRECTORS			nt signature re	quired when reinstating) ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		D. , PRESIDENT		Change	Addition
NAME	AGUILELLA, JOSE		1.2 NAME		AGUILELLA, JOSE	<u>.</u>		
STREET ADDRESS			1.3 STREE	TADDRESS	•			1
CITY-ST-ZIP	WESTON FL 33327		1,4 CITY-S	šT-ZIP				f
TITLE								
NAME		☐ DELETE	2.1 TITLE				Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME				Change	☐ Addition
CITY-ST-ZIP	9	☐ DELETE	22 NAME	T ADDRESS			Change	☐ Addition
TITLE			22 NAME				 	
NAME		☐ DELETE	2.2 NAME 2.3 STREE				☐ Change	☐ Addition
111 4412			2.2 NAME 2.3 STREE 2.4 City-				 	
STREET ADDRESS			2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME			,	 	
		☐ DELETE	2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME	ST-ZIP			☐ Change	☐ Addition
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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 of 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 adactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AGuiLELLA 1-15-99 (954)217-9924

Date Date Phone #