

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90076 034 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054740

1. Corporation Name
PANTERA PRODUCTIONS, INC.

Principal Place of Business 14374 S.W. 97TH TERRACE MIAMI FL 33186	Mailing Address 14374 S.W. 97TH TERRACE MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 21 216 CATALONIA AVE Suite, Apt. #, etc. 22 SUITE 100 City & State 23 CORAL GABLES, FL Zip 24 33134 Country 25 DADE		2a. Mailing Address 26 216 CATALONIA AVE Suite, Apt. #, etc. 27 SUITE 100 City & State 28 CORAL GABLES, FL Zip 29 33134 Country 30 DADE		3. Date Incorporated or Qualified 06/18/1998	4. FEI Number 65-0876279	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CHASE, BARRY O
ONE S.E. THIRD AVE. SUITE 1860
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRO, JULIE C	1.2 NAME	JULIE C. MIRO
STREET ADDRESS	14374 S.W. 97TH TERRACE	1.3 STREET ADDRESS	14374 SW 97 TERR
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ANAMARIA	2.2 NAME	ANAMARIA HERNANDEZ
STREET ADDRESS	5555 COLLINS AVE.	2.3 STREET ADDRESS	8127 HARDING AVE
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	MIAMI BCH FL 33141
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GERARDO FOTO
STREET ADDRESS		3.3 STREET ADDRESS	7920 SW 15 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4-13-99 305-444-4405
Date Daytime Phone #

CR2E034 (1/198)