

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

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90012 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000062846

1. Corporation Name
 IGUANA PRODUCTIONS, INC.



Principal Place of Business
 18810 SOUTHWEST 97TH AVENUE
 MIAMI FL 33157-7829

Mailing Address
 18810 SOUTHWEST 97TH AVENUE
 MIAMI FL 33157-7829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 07/16/1998

2. Principal Place of Business
 21 4420 N.W. 107 AVE
 Suite, Apt. #, etc. 22 206
 City & State 23 Miami FL.
 Zip 24 33178 Country 25 USA

2a. Mailing
 26 118810 S.W. 97 Ave.
 Suite, Apt. #, etc. 27
 City & State 28 MIAMI FL.
 Zip 29 33157 Country 30 USA

4. FEI Number
 65-0852885

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

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 CONSUELO A. GARCIA
 82 Street Address (P.O. Box Number is Not Acceptable) 18810 S.W. 97 AVE
 83
 84 City MIAMI FL 85 Zip Code 33157

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 *Consuelo Garcia* DATE 3/22/99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, CONSUELO A	1.2 NAME	
STREET ADDRESS	18810 SOUTHWEST 97TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157-7829	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D ALONSO M. GALVEZ
STREET ADDRESS		2.3 STREET ADDRESS	4420 N.W. 107 AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL. 33178
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D MONICA ABIN
STREET ADDRESS		3.3 STREET ADDRESS	4420 N.W. 107 AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33178
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: *S. Consuelo Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/22/99
 DAYTIME PHONE #: (305) 440-1161

CR2E034 (11/98)