FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15373** **(1)**

1. Corporation Name
MALACHI PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3002 FLORIDA CITY FL 33034	P.O. BOX 3002 FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/21/1990
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business	2a. Mailing Address
21 19645 SW 264 ST	26 P.O. Box 343429
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOMESTEAD FL	City & State 28 FLORIDA CITY FL.
Zip / Country 24 33031 / 25 DADE USA	Zip / Country 29 33034 / 30 DADE USA

4. FEI Number: 65-0279806 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BASSO, FRANK, SR. 19645 SW 264 STREET HOMESTEAD FL 33031	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 _____ DATE _____
(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	PD	11 TITLE		☒ Change ☐ Addition
NAME	BASSO, FRANK, SR.	12 NAME		
STREET ADDRESS	310 NW 1 ST.	13 STREET ADDRESS	19646 SW 264 ST	
CITY ST ZIP	FLORIDA CITY FL	14 CITY ST ZIP	HOMESTEAD FL 33031	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	DELLINGER, JOANN	22 NAME		
STREET ADDRESS	19645 SW 264 ST.	23 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank Basso Sr. 4-26-95 305-247-6539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK BASSO SR

0423428 FP