

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAY -1 AM 9:46****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # S49222****(0)**

1. Corporation Name

AFTER SUPPER PRODUCTIONS INC.

Principal Place of Business

**11251 SW 48TH ST.
MIAMI FL 33165**

Mailing Address

**11251 SW 48TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1991

3a. Date of Last Report

02/15/1994

2. Principal Place of Business

21 3417 CORONADO DRIVE

2a. Mailing Address

26 3417 CORONADO DRIVE

4. FBI Number

65-0260796

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

22 APT. 2106

Suite, Apt. #, etc.

27 APT. 2106

5. Certificate of Status Desired

☐**\$8.75** Additional

Fee Required

City & State

23 SARASOTA, FL.

City & State

28 SARASOTA, FL.6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

Zip

24 34231

Country

25 USA

Zip

29 34231

Country

30 USA8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BURNS, MARGARET
11251 SW 48TH ST.
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

3417 CORONADO DRIVE

83

APT. 2106

84 City

SARASOTA**FL**

85 Zip Code

34231

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

MARGARET BURNS**SECRETARY****4/21/95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME BARRERA, WILSON
STREET ADDRESS 11251 SW 48TH ST.
CITY - ST - ZIP MIAMI FL****TITLE D
NAME BURNS, MARGARET
STREET ADDRESS 11251 SW 48TH ST.
CITY - ST - ZIP MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE D ☒ Change ☐ Addition
12 NAME BARRERA, WILSON
13 STREET ADDRESS 3417 CORONADO DRIVE APT. 2106
14 CITY - ST - ZIP SARASOTA, FL. 34231****21 TITLE D ☒ Change ☐ Addition
22 NAME BURNS, MARGARET
23 STREET ADDRESS 3417 CORONADO DRIVE, APT. 2106
24 CITY - ST - ZIP SARASOTA, FL. 34231****31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP****41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS****51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP****61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: MARGARET BURNS SECRETARY**4/21/95****(813)927-0350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number