

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12: 01

DOCUMENT # S73304 (5)

1. Corporation Name
DELIA FIALLO PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2600 SW 3RD AVE SUITE 801 MIAMI FL 33129 US**
Mailing Address: **2600 SW 3RD AVE SUITE 801 MIAMI FL 33129 US**

3. Date Incorporated or Qualified: **08/14/1991** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **65-0276744** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 State, Apt. # etc: 27 State, Apt. # etc
22 City & State: 28 City & State
23 Zip: 25 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENFELD, MIGUEL
2600 SW 3RD AVE
SUITE 801
MIAMI FL 33129

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 607.0902 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 607.0903, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of New Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PTD FIALLO, DELIA 450 SW 19TH RD MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VSD PASCUAL, BERNARDO 450 SW 19TH RD MIAMI FL	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COUNTRY		5. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		8. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COUNTRY		9. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		12. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COUNTRY		13. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption provided in Sections 607.0902, Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. I am familiar with and accept the obligations of the provisions of the statute which governs or governs the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by the statute, in attachment with an address.

SIGNATURE: **MIGUEL ROSENFELD** 1/9/95 (302) 285 7811
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR