Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90257 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$86500**

1. Corporation Name

MIAMI P	RODUCTIONS, INC.								
Principal Plac	e of Business	Mailing Address				4 (00)(4)4 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)		OLY DIDIL DIGIT ION!	
168 SE 1 ST. 168 SE 1 ST.									
MIAMI FL 33131 MIAMI FL 33131						DO NOT WRITE IN	THIS SDACE		
						3. Date Incorporated or Qualifed	TIIG GFACE		
						10/09/1991			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	s Desired \$8.75 Additional		
22		27				5. Certificate of Otalica Desired	Fe	Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip				ountry			This corporation owes the current year Intangible		
24	25 29 3					Personal Property Tax.			
	9. Name and Address of Cur	rent Registered Agent		0.4		10. Name and Address of New Registe	erea Agent		
CAD	OLA MILTON			81	Name				
GARCIA, MILTON				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
432 POINCIANA ISLAND DR									
N. MIAMI BCH. FL 33160									
				84	City		85	Zip Code	
							FL SS		
11. Pursuant office of agent. I a	to the provisions of Sections 607.6 registered agent, or both, in the Starm familiar with, and accept the obli	0502 and 607.1508, Florida S ate of Florida. Such change w ligations of, Section 607.0505	itatutes, the vas authoriz i, Florida St	abov ed by atutes	e-named cor the corporat	poration submits this statement for the purpoion's board of directors. I hereby accept the a	se of changing appointment a	s registered	
SIGNATURE						ad when reinstation) DA			
	Signature, typed or printed name of registered	<u>-3</u>			nt signature requir	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	
12.	OFFICERS AND DIRECTORS P DELETE			13.		ADDITIONS/CHANGES TO OFFICE	Chai		
TITLE	GARCIA, MILTON			1.2 NAME				· –	
NAME	400 05 4 07		i -	1.3 STREET ADDRESS					
STREET ADDRESS	BRANCE COACA			1.4 CITY-ST-ZIP					
CITY-ST-ZIP	V DELETE			2.1 TITLE			[] Chai	nge 🗍 Addition	
TITLE	GARCIA, ERNESTINA			2.2 NAME			_	-	
NAME	400 05 4 07			2,3 STREET ADDRESS					
STREET ADDRESS	MAARI EL 00404			1					
CITY-ST-ZIP	MIAMI FL 33131 S DELETE			2.4 CITY-ST-ZIP 3.1 TITLE		<u></u>	☐ Char	nge	
TITLE				3.1 TILE 3.2 NAME				•	
NAME	GARCIA, ANABER				T ADDOCTOR				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	MIAMI FL 33131			CITY-	SI-ZIP		☐ Chai	nge [] Addition	
TITLE		ריו מבניבו					ے ا		
NAME				2 NAME					
STREET ADDRESS	Y1		■ 4.3	SIKEE	TADDRESS				
CITY-ST-ZIP	1			CITY-S					

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 acculate 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 elevate 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 an other like empowered. CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ Change

Change

Addition

☐ Addition