


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 11 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # V18630 (6)  
1. Corporation Name  
VEGONZ PRODUCTIONS, INC.



|  |  |
|--|--|
| Principal Place of Business<br>2814 N.W. 17 AVENUE<br>MIAMI FL 33142 | Mailing Address<br>2814 N.W. 17 AVENUE<br>MIAMI FL 33142 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |                                       |                             |                               |
|--|--|---|--|---|---------------------------------------|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 11400 SW 88 Street<br>Suite, Apt. #, etc.<br>22 214<br>City & State<br>23 Miami Florida<br>Zip<br>24 33176 Country<br>25 Dade |  | 2a. Mailing Address<br>26 11400 SW 88th Street<br>Suite, Apt. #, etc.<br>27 214<br>City & State<br>28 Miami Florida<br>Zip<br>29 33176 Country<br>30 Dade |  | 3. Date Incorporated or Qualified<br>02/27/1992   | 3a. Date of Last Report<br>06/10/1996 | 4. FEI Number<br>65-0325118 | Applied For<br>Not Applicable |
|  |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |                             |                               |
|  |  |   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |                             |                               |
|  |  |   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                             |                               |

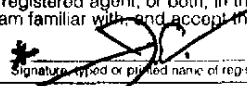
9. Name and Address of Current Registered Agent

VEGA, JUAN  
2814 N.W. 17 AVENUE  
MIAMI FL 33142

10. Name and Address of New Registered Agent

|   |                     |
|---|---------------------|
| 81 Name   | Juan Vega           |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 9001 SW 76th Street |
| 83  |                     |
| 84 City   | miami               |
| 85 Zip Code   | FL 33173            |

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 607.05, Florida Statutes.

SIGNATURE \*  8/5/97 (NOTE: Registered Agent signature required when resigning) DATE 8/5/97

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VEGA, JUAN                      | 1.2 NAME  |  |
| STREET ADDRESS             | 2814 N.W. 17 AVENUE             | 1.3 STREET ADDRESS                                    | 9001 SW 76th Street  |
| CITY-ST-ZIP                | MIAMI FL 33142                  | 1.4 CITY-ST-ZIP                                       | miami FL 33173   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 2.2 NAME  |  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |  |
| 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 do 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 in changed, or on an attachment with an address.

SIGNATURE \*  8/5/97

CR2E034 (4/97)