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 APR 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46880** **(3)**

1. Corporation Name
CRAZY PRODUCTIONS CORP.

Principal Place of Business	Mailing Address
2601 N.E. 26TH TERRACE BOCA RATON FL 33431	2601 N.E. 26TH TERRACE BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 750 SW. 174th TERR
22 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES FL
24 Zip: 33029 25 Country: USA

2a. Mailing Address
26 750 SW 174th TERRACE
27 Suite, Apt. #, etc.
28 City & State: PEMBROKE Pines FLORIDA
29 Zip: 33029 30 Country: USA

4. FEI Number: 65-0424737 ☐ 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

GONZALEZ, JUAN
2601 N.E. 26TH TERRACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: JUAN Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 547 NW 43rd Place
83
84 City: Miami FL 85 Zip Code: 33126

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 signing for entity) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	SCORT, DIEGO A.	12 NAME	SCORT, DIEGO	
STREET ADDRESS	2601 N.E. 26TH TERRACE	13 STREET ADDRESS	750 SW 174th TERR.	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	PEMBROKE PINES FL 33029	
TITLE	SVD	21 TITLE	SVD	☒ Change ☐ Addition
NAME	BIGIO, MARIA M.	22 NAME	BIGIO, MARIA M.	
STREET ADDRESS	2601 N.E. 26TH TERRACE	23 STREET ADDRESS	750 SW. 174th TERR.	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	PEMBROKE PINES FL 33029	
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 above, or on an attachment with an address.

SIGNATURE: MARIA M. BIGIO 04/17/95 (305)430-3315
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone Number)

0285963 CP