FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 JUN 13 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51404

1. Corporation Name

MULTI MEDIA PRODUCTIONS, INC.

200001514162
-06/15/95--01068--013
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1221 Brickell Avenue Suite 900 Miami, FL 33131	1221 Brickell Avenue Suite 900 Miami, FL 33131

3. Date Incorporated or Qualified: 7/16/92
3a. Date of Last Report: 9/2/94

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0347135 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

7. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Rivero, Luis J.
2600 Douglas Road
Suite 307
Coral Gables, Fl 33134

10. Name and Address of New Registered Agent

81 Name: Mickey Minagorri
82 Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue
83: Suite 900
84 City: Miami **FL** 85 Zip Code: 33131

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: M Minagorri
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	Anderson, Patricia	12 NAME		
STREET ADDRESS	1221 Brickell Avenue, #900	13 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	Minagorri, Mickey	22 NAME		
STREET ADDRESS	1221 Brickell Avenue, #900	23 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33131	24 CITY-ST-ZIP		
TITLE		31 TITLE	V	☐ Change ☒ Addition
NAME		32 NAME	Bensberg, Guido	
STREET ADDRESS		33 STREET ADDRESS	1221 Brickell Avenue, #900	
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33131	
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)(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: M Minagorri, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #