

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V57467 (5)**

1. Corporation Name  
**CARLOS SARLI PRODUCTIONS, INC.**



Principal Place of Business: **11285 N KENDALL DR SUITE L-208 MIAMI FL 33176 US**  
Mailing Address: **11285 N KENDALL DR SUITE L-208 MIAMI FL 33176 US**

3. Date Incorporated or Qualified: **08/10/1992**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **65-0351702**  
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

2. Principal Place of Business: **8803 N.W. 142nd**  
2a. Mailing Address: [Blank]  
21. Subj. Apt. #, etc.: [Blank]  
22. City & State: **Miami, FL**  
23. Zip: **33016** County: **DS.**  
24. [Blank] 25. [Blank] 26. [Blank] 27. [Blank] 28. [Blank] 29. [Blank] 30. [Blank]

9. Name and Address of Current Registered Agent  
**SARLI, CARLOS  
11297 N. KENDALL DR  
SUITE M-114  
MIAMI FL 33176**

10. Name and Address of New Registered Agent  
81. Name: [Blank]  
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83. [Blank]  
84. City: [Blank] State: **FL** 85. Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *Carlos Sarli* DATE: **2/9/96**

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>SARLI, CARLOS</b>	
3. STREET ADDRESS	<b>11297 N KENDALL DR M-114</b>	
4. CITY, ST, ZIP	<b>MIAMI FL</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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 recorder or trustee, or 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 in an attachment with an address.

SIGNATURE: *Carlos Sarli* DATE: **2/9/96 (205) 271-0691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)