

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

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**Feb 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # V57467 (5)**

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



Principal Place of Business: 8803 N.W. 142 LN. SUITE L-208 MIAMI FL 33016 US

Mailing Address: 11285 N KENDALL DR SUITE L-208 MIAMI FL 33178-1151 US

3. Date Incorporated or Qualified: 08/10/1992

3a. Date of Last Report: 02/15/1996

4. FEI Number: 65-0351702

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. 8803 N.W. 142 LN

27. Suite, Apt. #, etc.

28. Miami, FL

29. 33018

30. U.S.

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: Sarli, Carlos

82. Street Address (P.O. Box Number is Not Acceptable): 8803 NW 142 LN

83.

84. City: Miami FL 85. Zip Code: 33018

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: *Carlos Sarli* Carlos Sarli - D DATE: 2/17/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SARLI, CARLOS	
STREET ADDRESS	11297 N KENDALL DR M-114	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sarli, Carlos	
1.3 STREET ADDRESS	8803 NW 142 LN	
1.4 CITY-ST-ZIP	Miami, FL 33018	
2.1 TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sarli, Laura	
2.3 STREET ADDRESS	8803 NW 142 LN	
2.4 CITY-ST-ZIP	Miami, FL 33018	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or as an attachment with an address.

SIGNATURE: *Laura P. Sarli* Laura P. Sarli 2/17/97 (305) 5567344

CR2E034 (9/96)