

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000067303 (3)

1. Corporation Name  
F 5, 6 PRODUCTIONS, INC.

Principal Place of Business  
1681-79 STREET CAUSEWAY  
SUITE 100-F  
NORTH BAY VILLAGE FL 33141

Mailing Address  
1681-79 STREET CAUSEWAY  
SUITE 100-F  
NORTH BAY VILLAGE FL 33141

FILED

97 AUG 13 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 1681-79 STREET CAUSEWAY  
Suite, Apt. #, etc. 100-C  
22  
City & State 23 NORTH BAY VILLAGE FL  
Zip 24 33141 Country 25 Dade  
2a. Mailing Address  
26 1681-79 STREET CAUSEWAY  
Suite, Apt. #, etc. 100-C  
27  
City & State 28 NORTH BAY VILLAGE FL  
Zip 29 33141 Country 30 Dade

4. FEI Number 58-225 4571  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BABOT, MARTHA B  
1681-79 STREET CAUSEWAY  
SUITE 100-F  
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name BABOT, MARTHA B  
82 Street Address (P.O. Box Number is Not Acceptable) 1681-79  
83 STREET CAUSEWAY SUITE 100-C  
84 City North Bay Village FL 85 Zip Code 33141

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS          | CITY-ST-ZIP                | DELETE                   |
|-------|---------------------|-------------------------|----------------------------|--------------------------|
| PSD   | ALVAREZ, INOCENTE A | 1681-79 STREET CAUSEWAY | NORTH BAY VILLAGE FL 33141 | <input type="checkbox"/> |
| VTD   | BABOT, MARTHA B     | 1681-79 STREET CAUSEWAY | NORTH BAY VILLAGE FL 33141 | <input type="checkbox"/> |
|       |                     |                         |                            | <input type="checkbox"/> |
|       |                     |                         |                            | <input type="checkbox"/> |
|       |                     |                         |                            | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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\*\*\*165.00 \*\*\*165.00

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 on optional 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 person or persons 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.

CR2E034 (4/97)

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## ***F 5,6 PRODUCTIONS***

1681 - 79 St. Causeway Suite #100c  
North Bay Village, FL 33141

*DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500*

*ATTN: LESLIE SELLERS*

*DEAR: MRS. SELLERS:*

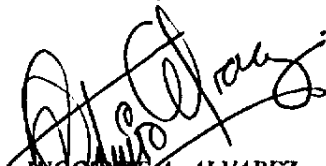
*PERSUANT TO OUR CONVERSATION IN REGARDS TO 1997 PROFIT CORPORATION ANNUAL REPORT FOR F5,6 PRODUCTIONS, INC., PLEASE FIND CHECK # 188 IN THE AMOUNT OF \$165.00 FOR PAYMENT OF FILING FEE. AS I EXPLAINED TO YOU, AND AGREED UPON OVER THE PHONE THE ADDRESS ON YOUR RECORDS IS WRONG BEING THAT ARE THE REASON AS TO WHY THE REPORT NEVER GOT TO US ON TIME.*

*PLEASE, CORRECT THE ADDRESS IN YOUR RECORDS TO:*

*F5,6 PRODUCTIONS, INC.  
1681 - 79 ST. CAUSEWAY SUITE #100C  
NORTH BAY VILLAGE, FL 33141*

*SHOULD YOU HAVE ANY ADDITIONAL QUESTION, PLEASE DO NOT HESITATE TO CONTACT US AT (305)-866-6898. YOUR COPERATION IN THIS MATTER IS GREATLY APPRECIATED.*

*SINCERELY,*

  
*FRANCISCO A. ALVAREZ  
PRESIDENT*