

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JUL 25 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 574157**

**(4)**

1. Corporation Name

**INVERSIONES CINESA CORP.**

Principal Place of Business

Mailing Address

**1800 COLLINS AVE.  
STE. 11B  
MIAMI BEACH FL 33139**

**1800 COLLINS AVE.  
STE. 11B  
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

**05/31/1978**

**08/05/1994**

4. FEI Number

Applied For

**52-1298487**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Certificate of Foreign  
Trust or Foreign Corporation

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 198.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATINO, CESAR, ARMANDO  
1800 COLLINS AVENUE, APT. 11B  
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. Additional Officers and Directors

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**PD  
PATINO, CESAR, ARMANDO  
1800 COLLINS AVE. 11B  
MIAMI BEACH FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**VD  
DE PATINO, INES  
1800 COLLINS AVE. 11B  
MIAMI BEACH FL**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**STD  
DE PATINO, INES  
1800 COLLINS AVE. 11B  
MIAMI BEACH FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

☐ Change

☐ Addition

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)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/95

(305) 448-3162

CR2E034 (3/95)