

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

**APPROVED  
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95 APR 18 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northorn Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G69938 (0)**

1. Corporation Name  
**AMERICAN SCREEN CORP.**

Principal Place of Business <b>1621 NW 72ND AVE P.O. BOX 520218(33152) MIAMI FL 33126</b>	Mailing Address <b>1621 NW 72ND AVE P.O. BOX 520218(33152) MIAMI FL 33126</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/25/1983</b>		3a. Date of Last Report <b>06/14/1994</b>	
2. Principal Place of Business 21		4. FEI Number <b>59-2341408</b>	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DIAMOND, FRED 1621 NW 72ND AVE MIAMI FL 33126</b>				81 Name <b>BRUCE J. GOLDMAN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2701 LE JFUNE ROAD</b>			
				83 <b>SUITE 404</b>			
				84 City <b>CORAL GABLES</b>			
				85 Zip Code <b>FL 33134</b>			

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  **BRUCE J. GOLDMAN** 4/13/95

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) (Last)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DIAMOND, FRED 1621 NW 72ND AVE MIAMI FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	JAWITZ, LANE 1621 NW 72ND AVE MIAMI FL	12 NAME	
TITLE D	MONTERO, PEDRO 1621 NW 72ND AVE MIAMI FL	13 STREET ADDRESS	
TITLE DT	HERNANDEZ, JOSE 1621 NW 72ND AVE MIAMI FL	14 CITY, ST, ZIP	
TITLE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		22 NAME	
TITLE		23 STREET ADDRESS	
TITLE		24 CITY, ST, ZIP	
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		32 NAME	
TITLE		33 STREET ADDRESS	
TITLE		34 CITY, ST, ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		42 NAME	
TITLE		43 STREET ADDRESS	
TITLE		44 CITY, ST, ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		52 NAME	
TITLE		53 STREET ADDRESS	
TITLE		54 CITY, ST, ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		62 NAME	
TITLE		63 STREET ADDRESS	
TITLE		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report, supplements and financial 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, director, or officer of the corporation or the member 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 of this report, or an acknowledgment with an address.

SIGNATURE:  **JOSE A. HERNANDEZ** 4/12/95 (305) 592-0909

Signature (typed or printed name of signing officer or director) (Date) (Telephone Number)