

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J67509** (6)

1. Corporation Name
PRO STUDIOS C. INC.

95 APR 13 PM 2:07

Principal Place of Business
**3950 N.W. 167 STREET
OPA-LOCKA FL 33054**

Mailing Address
**3950 N.W. 167 STREET
OPA-LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/31/1987

3a. Date of Last Report
04/12/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

4. FEI Number
59-2812893

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**

7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes
 Yes No

8. Name and Address of Current Registered Agent

**AKDORUK, YILMAZ M.
3950 N.W. 167TH AVE,
MIAMI FL 33054**

9. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKDORUK, YILMAZ M.	1.2 NAME	Akdoruk, Yilmaz M.
STREET ADDRESS	16108 KILMARNOCK RD.	1.3 STREET ADDRESS	3950 NW 167th St.
CITY ST ZIP	MIAMI LAKES FL	1.4 CITY ST ZIP	Miami, FL 33054
TITLE	D	2. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKDORUK, FAYE H.	2.2 NAME	Akdoruk, Faye H.
STREET ADDRESS	16108 KILMARNOCK RD.	2.3 STREET ADDRESS	3950 NW 167th St.
CITY ST ZIP	MIAMI LAKES FL	2.4 CITY ST ZIP	Miami, FL 33054
TITLE	D	3. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKDORUK, JANE S.	3.2 NAME	Akdoruk, Jane S.
STREET ADDRESS	16108 KILMARNOCK RD.	3.3 STREET ADDRESS	3950 NW 167th St.
CITY ST ZIP	MIAMI LAKES FL	3.4 CITY ST ZIP	Miami, FL 33054
TITLE	VPS	4. TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATHER, ALEX	4.2 NAME	Shather, Alex
STREET ADDRESS	3950 NW 167 STREET	4.3 STREET ADDRESS	3950 NW 167th St.
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	Miami, FL 33054
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, on an attachment with an address.

SIGNATURE: *[Signature]* **YILMAZ M. AKDORUK**

DATE: **4/10/95**

PHONE: **305 624-1505**