FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J83448** **(7)**

1. Corporation Name

CORAL FILMS CORPORATION

Principal Place of Business	Mailing Address
101 MADEIRA AVE CORAL GALBES FL 33134	101 MADEIRA AVE CORAL GALBES FL 33134

3. Date Incorporated or Qualified: **07/21/1987**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21: —; Suite, Apt. #, etc. — 22: —; City & State — 23: —; Zip — 24: —; Country — 25: —

2a. Mailing Address — 26: —; Suite, Apt. #, etc. — 27: —; City & State — 28: —; Zip — 29: —; Country — 30: —

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARAZOZA & COMAS, PA
101 MADEIRA AVE
EXECUTIVE PLAZA, SUITE 701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.

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 _____ DATE _____
Signature, typed or printed name, of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVM PEREZ-NAHIM, GERMAN 6101 BLUE LAGOON DR., #400 MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EVM PEREZ-NAHIM, GERMAN 2601 S. BAYSHORE DR., STE. 1225 MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAEZ, ANTONIO 6101 BLUE LAGOON DR #400 MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T PAEZ, ANTONIO 2601 S. BAYSHORE DR., STE. 1225 MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRANIER, MARCEL 6101 BLUE LAGOON DR #400 MIAMI FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD GRANIER, MARCEL 2601 S. BAYSHORE DR., STE. 1225 MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOVERA, MARCO 6101 BLUE LAGOON DR #400 MIAMI FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD LOVERA, MARCO 2601 S. BAYSHORE DR., STE. 1225 MIAMI, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: _____ German Perez-Nahim 1-29-96 (305) 858-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #