FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:36

DOCUMENT # **K04272** **(6)**

1. Corporation Name
PRO STUDIOS E, INC.

Principal Place of Business	Mailing Address
% YILMAZ M. AKDORUK 3950 NW 167TH AVE OPA-LOCKA FL 33054	% YILMAZ M. AKDORUK 3950 NW 167TH AVE OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/27/1987**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **65-0092907** ☐ 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

AKDORUK, TILMAZ M.
3950 NW 167TH AVE
MIAMI FL 33054

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	AKDORUK, YILMAZ M.	12 NAME	Akdoruk, Yilmaz M.	
STREET ADDRESS	16106 KILMARNOCK RD	13 STREET ADDRESS	3950 NW 167th St.	
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	Miami, Fl 33054	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	AKDORUK, JANE S.	22 NAME	Akdoruk, Jane S.	
STREET ADDRESS	16106 KILMARNOCK RD	23 STREET ADDRESS	3950 NW 167th St.	
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP	Miami, Fl 33054	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	AKDORUK, FAYE H.	32 NAME	Akdoruk, Faye H.	
STREET ADDRESS	16106 KILMARNOCK RD	33 STREET ADDRESS	3950 NW 167th St.	
CITY-ST-ZIP	MIAMI LAKES FL	34 CITY-ST-ZIP	Miami, Fl 33054	
TITLE	VSD	41 TITLE	VSD	☒ Change ☐ Addition
NAME	SHATHER, ALEX	42 NAME	Shather, Alex	
STREET ADDRESS	3950 N.W. 167 STREET	43 STREET ADDRESS	3950 NW 167 th St.	
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP	Miami, Fl 33054	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Y. Akdoruk 4/10/95 305-624-1153
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
YILMAZ M. AKDORUK

0101744 CP