FILE NOW: FILING FEE IS $61.25

FILED
May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N96000000746

1. Corporation Name: CITY THEATRE, INC.

Principal Place of Business	Mailing Address
1450 S. Bayshore Dr. #811 Miami, FL 33131	1450 S. Bayshore Dr. #811 Miami, FL 33131

3. Date Incorporated or Qualified: 02/08/96
3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 248268	26 P.O. Box 248268
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CORAL GABLES, FL	28 City & State: CORAL GABLES, FL
24 Zip: 33124 25 Country: USA	29 Zip: 33124 30 Country: U.S.A.

4. FEI Number: 65-0442183 ☐ 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	10. Name and Address of New Registered Agent
Stephanie NORMAN 1450 S. Bayshore Dr. #811 Miami, FL 33131	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NORMAN, STEPHANIE 1450 S. Bayshore Dr. #811 Miami, FL 33131	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/DIRECTOR FEIN, ALAN 150 W. FLAGLER STREET, SUITE 2400 Miami FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WOHL, ELENA 1233 ANASTASIA AVE CORAL GABLES, FL 33164	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR NORMAN, JEFF 201 S. BISCAYNE BLVD. SUITE 2010 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WESTPHAL, SU~~ DIRECTOR WESTPHAL, SUSI 525 Allendale Key BISCAYNE, FL 33149	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY/DIRECTOR LUNDEEN, JOY 150 W. FLAGLER STREET, SUITE 2400 Miami FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER/DIRECTOR STEARNS, KARA 1 BISCAYNE TOWER, SUITE 2100 Miami FL 33131	☐ 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	700002206217 -06/09/97--01148--012 ***61.25	☐ Change ☐ Addition

5/29/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jeff NORMAN V-P — 5-15-97 — (305)539-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #