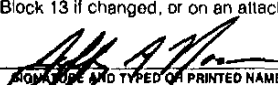


FILE NOW: FILING FEE IS \$61.25

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 1450 S. Bayshore Dr. #811 MIAMI, FL 33131		Mailing Address 1450 S. Bayshore Dr. #811 MIAMI, FL 33131			
2. Principal Place of Business 21 P.O. Box 248268 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 248268 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/08/96	
22 City & State CORAL GABLES, FL		27 City & State CORAL GABLES, FL		3a. Date of Last Report _____	
23 Zip 33124		28 Zip 33124		4. FEI Number 65-0442183	
24 Country USA		29 Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent Stephanie NORMAN 1450 S. Bayshore Dr. #811 MIAMI, FL 33131					
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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DIRECTOR ☒ DELETE NAME NORMAN, STEPHANIE STREET ADDRESS 1450 S. Bayshore Dr. #811 CITY-ST-ZIP MIAMI, FL 33131			11 TITLE President/DIRECTOR ☐ Change ☒ Addition 12 NAME FEIN, ALAN 13 STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2400 14 CITY-ST-ZIP MIAMI, FL 33130		
TITLE DIRECTOR ☒ DELETE NAME WOHL, ELENA STREET ADDRESS 1233 ANASTASIA AVE CITY-ST-ZIP CORAL GABLES, FL 33164			21 TITLE VICE PRESIDENT/DIRECTOR ☐ Change ☒ Addition 22 NAME NORMAN, JEFF 23 STREET ADDRESS 201 S. BISCAYNE BLVD. SUITE 200D 24 CITY-ST-ZIP MIAMI, FL 33131		
TITLE WESTPHAL, SUSI ☒ DELETE NAME WESTPHAL, SUSI STREET ADDRESS 525 Allendale CITY-ST-ZIP Key BISCAYNE, FL 33149			31 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition 32 NAME LUNDEEN, JOY 33 STREET ADDRESS 150 W. FLAGLER STREET, SUITE 2400 34 CITY-ST-ZIP MIAMI, FL 33130		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition 42 NAME STEARNS, KARA 43 STREET ADDRESS 1 BISCAYNE TOWER SUITE 2100 44 CITY-ST-ZIP MIAMI, FL 33131		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE ☐ Change ☒ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
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 #					

CR2E037 (9/96)