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 # **P93000007569 (5)**

1. Corporation Name

SOUTH POINT PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2963 SW 22ND TERRACE MIAMI FL 33145 US	2963 SW 22ND TERRACE MIAMI FL 33145 US

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 06/14/1995

4. FEI Number: 65-0384091 ☐ 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

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

9. Name and Address of Current Registered Agent

MARTIN, GLORIA E.
2960 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: MARTIN, GLORIA E.
82 Street Address (P.O. Box Number is Not Acceptable): 1790 Coral Way Suite 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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 mailed in)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PAUCAR, CARLOS E		1.2 NAME	
STREET ADDRESS	1805 LAKESHORE CIR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELAUNDE, ALDO		2.2 NAME	
STREET ADDRESS	14435 SW 110 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, AMANCIO V.		3.2 NAME	
STREET ADDRESS	7280 LAGO DR W		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PAUCAR, ANTONIO N.		4.2 NAME	
STREET ADDRESS	1805 LAKESHORE CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, AMANCIO J.		5.2 NAME	
STREET ADDRESS	158 ISLA DORADA BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	
TITLE	T	XX DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CHARLES M.		6.2 NAME	
STREET ADDRESS	7401 LOS PINOS BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		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)(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: _____ 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)