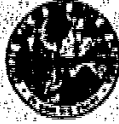


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF SUCCESSFUL), MINIMUM AMOUNT DUE TO REINSTATE: \$270**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027702 (7)**

1. Corporation Name

**GAVILAN ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

C/O RJS  
201 S BISCAYNE BOULEVARD, SUITE 1500  
MIAMI FL 33131

C/O RJS  
201 S BISCAYNE BOULEVARD, SUITE 1500  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

04/12/1994

2. Principal Place of Business

2a. Mailing Address

21 8356 Mills Drive  
Miami, FL 33187

26 8356 Mills Drive  
Suite, Apt. #, etc.

4. FEI Number

65-0501796

Applied For

Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Miami, FL

27 City & State

Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

33183

25 Country

USA

28 Zip

33183

30 Country

USA

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

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BOULEVARD  
SUITE 1500  
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President  
NAME JUGO, RALPH  
STREET ADDRESS 8700 S.W. 89TH AVENUE  
CITY - ST - ZIP MIAMI FL 33173

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE D Vice President & Secretary  
NAME JUGO, ELENA S  
STREET ADDRESS 8700 S.W. 89TH AVENUE  
CITY - ST - ZIP MIAMI FL 33173

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(b), 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:

*Ralph Jugo* Ralph Jugo - President

6-12-95 65-0501796-4000 ext. 1357

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)