

1995 ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

P94000091541

DO NOT WRITE IN THESE SPACES

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAY -4 AM 11:59

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**
P94000091541
SOBE THEATRE CORP.
c/o: -Gaston-Jacques-Murray
4833 Collins Avenue - 17th Floor
Miami Beach, FL 33140

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.
c/o: Jean Jacques Murray
 Address
 Address
 City and State
 Zip Code

BJM
5/4/95

3. Date Incorporated or Qualified To Do Business in Florida: **12/16/94**
 4. FEI Number: **65-05-45964**
 FEI Number Applied For
 FEI Number Not Applicable
 5. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

b. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P/T	Gaston-Jacques-Murray Jean Jacques Murray	4833 Collins Avenue 17th Floor	Miami Beach, FL 33140
VP/S	Emmanuel Sabag	4833 Collins Avenue 17th Floor	Miami Beach, FL 33140

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent and/or Office	
Corporation Information Services, Inc. 1201 Hays Street Tallahassee, FL 32301	Name CORPORATION SERVICE COMPANY	
	Street Address (Do NOT Use P.O. Box Number) 1201 HAYS STREET	
	Street Address (Do NOT Use P.O. Box Number)	
	City and State TALLAHASSEE, FL.	Zip 32301

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Aaren B. Brea* as agent Date: 5-4-95
 REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
 Signature of Officer or Director: *Jean Jacques Murray* Date: 5-3-95 Daytime Phone #
 Typed or printed name of signing officer or director: Jean Jacques Murray, President

CR 95-40 18-931

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9771

800-342-8086

P94000091541



RUSH WILL WAIT

ACCOUNT NO. : 072100000032

REFERENCE : 591269 4656A

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 233.75

ORDER DATE : May 4, 1995

ORDER TIME : 11:27 AM

ORDER NO. : 591269

300001475943

CUSTOMER NO: 4656A

CUSTOMER: Elizabeth Galvin, Legal Asst
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILINGS

RUSH WILL WAIT

NAME: SOBE THEATRE CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -4 AM 11:59

~~REINSTATEMENT~~

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

*5/4/95
BYC*

CONTACT PERSON: Lynne Roberts

EXAMINER'S INITIALS _____