

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000091727 (3)**

**1. Corporation Name  
PMS ENTERTAINMENT CORP.**



**Principal Place of Business  
3300 N.E. 192ND STREET, SUITE 1809  
ADVENTURA FL 33180**

**Mailing Address  
3300 N.E. 192ND STREET, SUITE 1809  
ADVENTURA FL 33180-2436**

**3. Date Incorporated or Qualified  
11/07/1996**      **3a. Date of Last Report**

**2. Principal Place of Business  
21 13045 SW 87 AVE  
Suite, Apt. #, etc.**

**2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.**

**4. FEI Number  
65-0707682**      **Applied For  
Not Applicable**

**22**      **23 City & State  
MIAMI FL**

**27**      **28 City & State**

**5. Certificate of Status Desired**  **\$8.75 Additional  
Fee Required**

**24 Zip  
33176**      **25 Country  
DADE**

**29 Zip**      **30 Country**

**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**

**COHEN, PERRY  
3300 N.E. 192ND STREET, SUITE 1809  
ADVENTURA FL 33180**

**10. Name and Address of New Registered Agent**

**81 Name  
Perry A Cohen**  
**82 Street Address (P.O. Box Number is Not Acceptable)  
8910 SW 142 AVE**  
**83**  
**84 City  
MIAMI**      **85 Zip Code  
FL 33186**

**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 officer, 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 filing herewith, and accept the obligations of Section 607.0505, Florida Statutes.**

**SIGNATURE** *[Signature]*      **DATE** 1/14/97

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                       |                                    |
|-----------------------|------------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> DELETE    |
| <b>NAME</b>           | President                          |
| <b>STREET ADDRESS</b> | Perry Cohen                        |
| <b>CITY-ST-ZIP</b>    | 8910 SW 142 AVE<br>MIAMI, FL 33186 |
| <b>TITLE</b>          | <input type="checkbox"/> DELETE    |
| <b>NAME</b>           | See Trusts.                        |
| <b>STREET ADDRESS</b> | Mitchell Greenstein                |
| <b>CITY-ST-ZIP</b>    |                                    |
| <b>TITLE</b>          | <input type="checkbox"/> DELETE    |
| <b>NAME</b>           |                                    |
| <b>STREET ADDRESS</b> |                                    |
| <b>CITY-ST-ZIP</b>    |                                    |
| <b>TITLE</b>          | <input type="checkbox"/> DELETE    |
| <b>NAME</b>           |                                    |
| <b>STREET ADDRESS</b> |                                    |
| <b>CITY-ST-ZIP</b>    |                                    |
| <b>TITLE</b>          | <input type="checkbox"/> DELETE    |
| <b>NAME</b>           |                                    |
| <b>STREET ADDRESS</b> |                                    |
| <b>CITY-ST-ZIP</b>    |                                    |

|                           |   |
|---------------------------|---|
| <b>1.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2 NAME</b>           |   |
| <b>1.3 STREET ADDRESS</b> |   |
| <b>1.4 CITY-ST-ZIP</b>    |   |
| <b>2.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2 NAME</b>           |   |
| <b>2.3 STREET ADDRESS</b> |   |
| <b>2.4 CITY-ST-ZIP</b>    |   |
| <b>3.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2 NAME</b>           |   |
| <b>3.3 STREET ADDRESS</b> |   |
| <b>3.4 CITY-ST-ZIP</b>    |   |
| <b>4.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2 NAME</b>           |   |
| <b>4.3 STREET ADDRESS</b> |   |
| <b>4.4 CITY-ST-ZIP</b>    |   |
| <b>5.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2 NAME</b>           |   |
| <b>5.3 STREET ADDRESS</b> |   |
| <b>5.4 CITY-ST-ZIP</b>    |   |
| <b>6.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2 NAME</b>           |   |
| <b>6.3 STREET ADDRESS</b> |   |
| <b>6.4 CITY-ST-ZIP</b>    |   |

**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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.**

**SIGNATURE:** *[Signature]*      **DATE** 1/14/97      **Daytime Phone #** 305-2561517

CR2E034 (9/96)