

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # V55790 (2)**

1. Corporation Name  
**MARAVI PRODUCTIONS INC.**



Principal Place of Business: **549 SAN ESTEBAN CORAL GABLES FL 33146 US**  
Mailing Address: **549 SAN ESTEBAN CORAL GABLES FL 33146 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>Same</i>	26. <i>549 San Esteban</i>	<b>08/05/1992</b>	<b>08/17/1995</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
		<b>65-0383435</b>	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	<i>Coral Gables, Fla.</i>	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
	<b>33146</b>	<input type="checkbox"/>	
	30. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>USA</b>		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>VIVANCOS, MARCIA I 549 SAN ESTEBAN CORAL GABLES FL 33146</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VIVANCOS, MARCIA I</b>	1.2 NAME	
STREET ADDRESS	<b>549 SAN ESTEBAN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>D VIVANCOS, ABDEL M</b>	2.2 NAME	
STREET ADDRESS	<b>549 SAN ESTEBAN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *[Signature]* **Feb. 25-1996** **305/6612311**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)