

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000077300

Entity Name: STUDIOS REYTON CENTER FAMAS PRODUCTION CORP**Current Principal Place of Business:**11281 NW 5 TERRACE
MIAMI, FL 33172**Current Mailing Address:**11281 NW 5 TERRACE
MIAMI, FL 33172 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CABEIRO - PRADA, ANTHONY P
11281 NW 5 TERRACE
MIAMI, FL 33172 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ANTHONY P. CABEIRO - PRADA

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name CABEIRO - PRADA, ANTHONY P
Address 11281 NW 5 TERRACE
City-State-Zip: MIAMI FL 33172

Title PRESIDENT, VC
Name MANUEL, RODRIGUEZ E
Address 10301 SW 48 STREET
City-State-Zip: MIAMI FL 33165

Title VP, DIRECTOR
Name MIRANDA, DAVID
Address 5246 SW 8 ST
APT. 203
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, VP
Name RODRIGUEZ, MANUEL SR.
Address 320 W 52 ST
City-State-Zip: HIALEAH FL 33012

Title SECRETARY, VP
Name ROSALES, AMADO
Address 1434 SW 102 AVE
City-State-Zip: MIAMI FL 33174

Title SECRETARY, DIRECTOR
Name LOPEZ, CLAVEL ENRRIQUE
Address 9601 SW 156 ST
APT. A774
City-State-Zip: MIAMI FL 33157

Title SECRETARY
Name GRACIELA, SMITTER
Address 9061 SW 156 ST
APT. A774
City-State-Zip: MIAMI FL 33157

Title SECRETARY, DIRECTOR
Name ROSALES, MAGDA
Address 1434 SW 102 AVE
City-State-Zip: MIAMI FL 33174

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY P. CABEIRO - PRADA

CHAIRMAN

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, DIRECTOR
Name CAPELO, JOSE
Address 1173 SW 102 AVE
City-State-Zip: MIAMI FL 33174

Title SECRETARY, DIRECTOR
Name CAMPO, ENRRIQUE
Address 6950 SW 12 ST
City-State-Zip: MIAMI FL 33126

Title SECRETARY, DIRECTOR
Name ALMIRA, YOLANDA
Address 5505 NW 7 ST
APT. 305
City-State-Zip: MIAMI FL 33126

Title SECRETARY, DIRECTOR
Name RODRIGUEZ, EDITH
Address 320 W 52 ST
City-State-Zip: HIALEAH FL 33012

Title SECRETARY, DIRECTOR
Name ROSE, MENDES
Address 2335 CORAL WAY
City-State-Zip: MIAMI FL 33145

Title SECRETARY, DIRECTOR
Name CAIRO, ROMAN
Address 11281 SW 6 ST
City-State-Zip: MIAMI FL 33174