

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:44

DOCUMENT # 749701 (9)
1. Corporation Name
TIGERTAIL PRODUCTIONS, INC.

Principal Place of Business Mailing Address
842 NORTHWEST 9TH COURT 842 NORTHWEST 9TH COURT
MIAMI FL 33136 MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1979 3a. Date of Last Report 01/21/1994
4. FEI Number 59-1968705 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
KRAMEL, JOHN
900 NW 7TH STREET ROAD
MIAMI FL 33136

10. Name and Address of New Registered Agent
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 agent 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 _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LUFT, MARY
STREET ADDRESS	842 NW 9TH CT
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	FREHLING, RUSSELL
STREET ADDRESS	803 E. DI LIDO
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	MALAGODI, STEVEN
STREET ADDRESS	172 N.E. 15TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	GOTTLIEB-ROBERTS, M.
STREET ADDRESS	800 LENOX AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PD
NAME	WILLIAMSON, BRENDA
STREET ADDRESS	4109 WOODRIDGE
CITY - ST - ZIP	MIAMI FL
TITLE	DT
NAME	KRAMEL, JOHN
STREET ADDRESS	900 NW 7TH STREET ROAD
CITY - ST - ZIP	MIAMI FL 33136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VELEZ, MYRIAM C.
2.3 STREET ADDRESS	P. O. Box 015705
2.4 CITY - ST - ZIP	Miami, FL 33101 N/A
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PHILP, GEOFFREY
4.3 STREET ADDRESS	117 NW 100 Terrace
4.4 CITY - ST - ZIP	Miami Shores, FL 33150
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Luft* Mary Luft 1/23/95 305 324 4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Printed Name)