

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749701 (9)

1. Corporation Name
TIGERTAIL PRODUCTIONS, INC.



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

3. Date Incorporated or Qualified 11/07/1979 3a. Date of Last Report 01/30/1995
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
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 24 Country 25 29 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LUFT, MARY <input type="checkbox"/> DELETE	1.1 TITLE	D ARANTANHA, LUCIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUFT, MARY	1.2 NAME	ARANTANHA, LUCIA
STREET ADDRESS	842 NW 9TH CT	1.3 STREET ADDRESS	6200 SW 63rd Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D VELEZ, MYRIAM C. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D LUND, GARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELEZ, MYRIAM C.	2.2 NAME	LUND, GARY
STREET ADDRESS	P. O. BOX 015705	2.3 STREET ADDRESS	6200 SW 63rd Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D MALAGODI, STEVEN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D KEDDELL, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALAGODI, STEVEN	3.2 NAME	KEDDELL, WILLIAM
STREET ADDRESS	172 N.E. 15TH STREET	3.3 STREET ADDRESS	847 NW 7th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33136
TITLE	SD PHILP, GEOFFREY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD SKINNER, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILP, GEOFFREY	4.2 NAME	SKINNER, DAVID
STREET ADDRESS	117 NW 100 TERRACE	4.3 STREET ADDRESS	2820 Tigertail Avenue
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	PD WILLIAMSON, BRENDA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BRENDA	5.2 NAME	
STREET ADDRESS	4109 WOODRIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DT KRAMEL, JOHN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMEL, JOHN	6.2 NAME	
STREET ADDRESS	900 NW 7TH STREET ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	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 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 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* 1/16/96 305 324 4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)