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Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F96000002730 (7)**

1. Corporation Name
MI THEATRES, INC.

Principal Place of Business	Mailing Address
~~ONE SEINE COURT, SUITE 316~~ ~~NEW ORLEANS LA 70114~~ 3624 RED OAK CT. NEW ORLEANS LA 70131	~~ONE SEINE COURT, SUITE 316~~ ~~NEW ORLEANS LA 70114~~ 3624 RED OAK CT. NEW ORLEANS LA 70131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3624 RED OAK CT.	2a. Mailing Address 26 3624 RED OAK CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NEW ORLEANS LA	City & State 28 NEW ORLEANS LA
Zip 24 70131 Country 25 USA	Zip 29 70131 Country 30 USA

3. Date Incorporated or Qualified: 05/31/1996

4. FEI Number: 72-1101803 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUIZ, ARMANDO
5455 W. ATLANTIC BLVD.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: RUIZ, ARMANDO
82 Street Address (P.O. Box Number is Not Acceptable): 8755 SW 152 ND AVE - #165
83
84 City: MIAMI **FL** 85 Zip Code: 33193

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: [signature] 1/7/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FUNK, CHARLES E ONE SEINE COURT, SUITE 316 NEW ORLEANS LA 70114	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS MITCHELL, LEE ROY 7502 GREENVILLE, STE. 800 DALLAS TX 75231	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STEDMAN, JEFF 7502 GREENVILLE, STE. 800 DALLAS TX 75231	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 on an attachment with an address.

SIGNATURE: [signature] 1/7/97 954 392 8126
Officer or Director of the Corporation – Receiver or Trustee – Registered Agent – Attorney or Agent (Required) DATE TELEPHONE NUMBER

CR2E034 (10/97)