FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 .00

SIGNATURE:

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT STATE **CORPORATION** Sandra B. Mort ANNUAL REPORT Secretary of \$ta Secretary of State 1998 DIVISION OF CORPOR IONS DOCUMENT # G49028 (5)DREYER STUDIO, INC. Principal Place of Business Mailing Address 2525 S. W. 3RD AVENUE. SUITE 401 2525 S. W. 3RD AVENUE. SUITE 401 MIAMI FL 33129 MIAMI FL 33129 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2305581 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered/Agent DREYER, LINDA 2525 SW 3RD AVE, STE 401 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 84 City Zip Code FI 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) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE **PST** 1.1 TITLE NAME Dreyer, Linda 1.2 NAME 2525 SW 3RD AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33129 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DREYER, LINDA NAME 2.2 NAME 2525 SW 3RD AVENUE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33129** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE **3.1 TITLE** NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TOLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS I nereby 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 his 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. CiTY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate ar

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