## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G49028

1. Corporation Name

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

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 044 \*\*\*150.00

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Principal Place of Business Mailing Address					- I EMBINIL CONE RIDIA INTIN ADILO LIBOR EDIT DIDIL ANDIO		IPPI BIBII 1883	
2525 S. W. 3RD AVENUE. SUITE 401 MIAMI FL 33129		2525 S. W. 3RD AVENUE, SUITE 401 MIAMI FL 33129						
						DO NOT WRITE IN THIS SE	ACE	
						3. Date Incorporated or Qualifed		
		1 - 11 11 11 11 11	_			07/01/1983		nlied For
2. Principal Pi	ace of Business	2a. Mailing Address				4, FEI Number	<u> </u>	plied For t Applicable
21		26 Suite And # ata				59-2305581	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	3
City-&-State		City & State	<del></del>			6 Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip <b>24</b>	Country 25	Zip 29	Cou <b>30</b>	ntry		This corporation owes the current year Intangersonal Property Tax.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent	
				81	Name			
Dreyer, Linda 2525 SW 3rd Ave, Ste 401			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAN	/II FL 33129			83				
							es Zin (	
				84	City	FL	85 Zip (	,oue
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligate	of Florida. Such change was a	uthorized	ו עם ו	ine corporatior	oration submits this statement for the purpose of ch n's board of directors. I hereby accept the appointn	anging its lent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agent	signature required			
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PST	☐ DELETE	1,1 ™	ſLΕ			] Change	☐ Addition
NAME	DREYER, LINDA		1.2 NA	ME				
STREET ADDRESS	2525 SW 3RD AVENUE		1.3 ST	REET	ADORESS			
CITY-ST-ZIP	MIAMI FL 33129		1.4 CF	TY-ST	-ZIP		10	
TITLE	VD	☐ DELETE	2.1 TI	ΠE		L	] Change	☐ Addition
NAME	DREYER, LINDA		2.2 N	¥MÉ				
STREET ADDRESS	2525 SW 3RD AVENUE		2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129		_	ITY-S	T-ZIP		Change	- 🖃 Addition
TILE '		DELETE	3.1 π				_	
NAME	• .		3.2 N		ADDDERA			
STREET ADORESS					ADDRESS			
C/TY-ST-ZIP	<u> </u>	☐ DELETE	3.4. C 4.1 TT	ITY-51	1-ZIP		Change	Addition
TITLE			4.1 II 4. 2 N			٠		
NAME			4		ADDRESS			
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,				ADDRESS			
TITLE		DELETE	5.1 TI	TY-S <u>T</u> TLE	-ur		 Change	Addition
			5.2 N					_
NAME STREET ADDRESS			4		ADDRESS	·		ļ
STREET ADDRESS	•			TY-S1				ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI				Change	☐ Addition
NAME	,	_	6.2 N	AME				]
STREET ADDRESS			6.3 \$7	TREET	ADDRESS			
GIREEI AUURESS	-			TV 91				- 1

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, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2URLinda Dreyer

**SIGNATURE:**