

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

92 APR 14 PM 3:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J67509

1. Corporation Name
PRO STUDIOS C, INC.



Principal Place of Business
 3950 N.W. 167 STREET
 OPA-LOCKA FL 33054

Mailing Address
 3950 N.W. 167 STREET
 OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1987

4. FEI Number
59-2812893

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 the current year Intangible Personal Property Tax. 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 |
| 24 | Country | 29 | Country |

9. Name and Address of Current Registered Agent

AKDORUK, YILMAZ M.
3950 N.W. 167TH AVE.
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|----------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| DP | AKDORUK, YILMAZ M. 3950 NW 167TH ST. MIAMI FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| D | AKDORUK, FAYE H. 3950 NW 167TH ST. MIAMI FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| D | AKDORUK, JANE S. 3950 NW 167TH ST. MIAMI FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| VPS | SHATHER, ALEX 3950 NW 167TH ST. MIAMI FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4.1.99 DAY/PHONE: 305 624-1555

CR2E034 (1/198)