

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J83447

(9)

1. Corporation Name

CORAL PICTURES CORPORATION



Principal Place of Business

Mailing Address

101 MADEIRA AVE  
CORAL GABLES FL 33134

101 MADEIRA AVE  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1987

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2830975

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

10. Name and Address of New Registered Agent

ARAZOZA & COMAS PA  
101 MADEIRA AVE  
EXECUTIVE PLAZA, SUITE 701  
CORAL GABLES FL 33134

81 Name  
Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.

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

83

84 City

FL

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

Signature typed or printed (must be registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
EVM	PEREZ-NAHIM, GERMAN	6101 BLUE LAGOON DR. 400	MIAMI FL	<input type="checkbox"/>
PD	GRANIER, MARCEL	6101 BLUE LAGOON DR. 400	MIAMI FL	<input type="checkbox"/>
SD	LOVERA, MARCO	6101 BLUE LAGOON DR. 400	MIAMI FL	<input type="checkbox"/>
T	PAEZ, ANTONIO	6101 BLUE LAGOON DR. 400	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2601 S. BAYSHORE DR., STE 1225	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2601 S. BAYSHORE DR., STE 1225	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2601 S. BAYSHORE DR., STE 1225	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2601 S. BAYSHORE DR., STE 1225	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

German Perez-Nahim 1-29-96 (305) 858-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)