

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K04272 (6)**  
 1. Corporation Name  
**PRO STUDIOS E, INC.**



Principal Place of Business <b>% YILMAZ M. AKDORUK</b> <b>3950 NW 167TH AVE</b> <b>OPA-LOCKA FL 33054</b>	Mailing Address <b>% YILMAZ M. AKDORUK</b> <b>3950 NW 167TH AVE</b> <b>OPA-LOCKA FL 33054</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/27/1987**

4. FEI Number  
**65-0092907**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent  
**AKDORUK, YILMAZ M.**  
**3950 NW 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 **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 \_\_\_\_\_ (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	<b>PO</b> <b>AKDORUK, YILMAZ M.</b> <b>3950 NW 167TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>AKDORUK, JANE S.</b> <b>3950 NW 167TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>AKDORUK, FAYE H.</b> <b>3950 NW 167TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD</b> <b>SHATHER, ALEX</b> <b>3950 NW 167TH ST.</b> <b>MIAMI FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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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, its 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 added at the time of filing.

SIGNATURE: *Sandra B. Mortham* **3-16-98** **305624 NJJ**

CR2E034 (10/97)