

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

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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K29378 (2)

1. Corporation Name
STUDIO PLAZA, INC.

Principal Place of Business
18305 BISCAYNE BLVD. #214
N. MIAMI BCH. FL 33160

Mailing Address
18305 BISCAYNE BLVD. #214
N. MIAMI BCH. FL 33160-2172



3. Date Incorporated or Qualified 07/14/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number 65-0058152
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

9. Name and Address of Current Registered Agent

KWART, HAROLD W.
18305 BISCAYNE BLVD. #214
N. MIAMI BCH. FL 33160

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	DP	DELETE		1.1 TITLE	Change	Addition	
NAME	HIRIBARNE, PEDRO F.			1.2 NAME			
STREET ADDRESS	5979 VINCLAND RD # 317			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	DVP	DELETE		2.1 TITLE	Change	Addition	
NAME	DUBBIN, CLIFFORD B.			2.2 NAME			
STREET ADDRESS	5979 VINELAND RD # 101			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	DS	DELETE		3.1 TITLE	Change	Addition	
NAME	GRAY, STANLEY E.			3.2 NAME			
STREET ADDRESS	6001 VINELAND RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	DT	DELETE		4.1 TITLE	Change	Addition	
NAME	SNEDDON, JOCK M.			4.2 NAME			
STREET ADDRESS	6001 VINELAND RD #108			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)