

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 10 10:43

DOCUMENT # **L02485** (5)

1. Corporation Name
PAPA SID PRODUCTIONS, INC.

Principal Place of Business Mailing Address
%ANDRE' K. KUJAWA
65 NW 161ST STREET
NORTH MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/14/1989** 3a. Date of Last Report **06/02/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 City & State 28 City & State

24 Country 25 Country 29 Country 30 Country

4. FBI Number **65-0146427** 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 interest on articles of incorporation under S. 189.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUJAWA, ANDRE' K.
65 NW 161ST STREET
NORTH MIAMI FL 33169

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

Signature (typed or printed name of registered agent and fee # applicable)

DATE Registered Agent signature required when recasting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	CAMACHO, JAMES E.
STREET ADDRESS	740 N.E. 181 ST.
CITY ST ZIP	NORTH MIAMI BEACH FL
TITLE	T
NAME	OMS, JOSE A.
STREET ADDRESS	6975 W. 16TH AVE., #118
CITY ST ZIP	HIALEAH FL
TITLE	PM
NAME	KUJAWA, ANDRE K.
STREET ADDRESS	65 N.W. 161 ST.
CITY ST ZIP	N. MIAMI FL
TITLE	VP
NAME	CAMACHO, JOHN O.
STREET ADDRESS	740 N.E. 181 ST.
CITY ST ZIP	N. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 unchanged, or on an attachment with an address.

SIGNATURE: *John Camacho* **John Camacho** 5/11/95 (305)653-8218
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR