


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

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90018 016 *****150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L33412					
1. Corporation Name TWENTY-FIRST CENTURY CINEMAS, INC.					
Principal Place of Business 100 NE 39TH ST MIAMI FL 33137 US			Mailing Address 100 N.E. 39TH ST MIAMI FL 33137 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1989	
21		26		4. FEI Number 65-0721013	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent PASTERNAK, MARSHALL R. 1221 BRICKELL AVENUE SUITE 2100 MIAMI FL 33131				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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE		P		1.1 TITLE	
NAME		KRAMS, STEVEN		1.2 NAME	
STREET ADDRESS		100 NE 39TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP		MIAMI FL		1.4 CITY-ST-ZIP	
TITLE		V		2.1 TITLE	
NAME		REUSCH, DARA		2.2 NAME	
STREET ADDRESS		100 NE 39TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP		MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		ST		3.1 TITLE	
NAME		KRAMS, MINNA		3.2 NAME	
STREET ADDRESS		100 NE 39TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP		MIAMI FL		3.4 CITY-ST-ZIP	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 305-573-7334
Date Daytime Phone #