

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L38379

(8)

1. Corporation Name

TRANS-CINE FILM CORP.



Principal Place of Business

Mailing Address

C/O DANIEL DEL CALVO
3225 S.W. 96TH AVE.
MIAMI FL 33165

C/O DANIEL DEL CALVO
3225 S.W. 96TH AVE.
MIAMI FL 33165

3. Date Incorporated or Qualified

12/22/1989

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0163115

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVO, DANIEL DEL
MUNILLA AND ASSOCIATES, P.A.
1401 SW FIRST STREET, SUITE 201
MIAMI FL 33135

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 607.1503, 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 of person or persons in charge of filing this report (if applicable) (SEE INSTRUCTIONS) (Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1. 1. TITLE
NAME	1. 2. NAME
STREET ADDRESS	1. 3. STREET ADDRESS
CITY-STATE-ZIP	1. 4. CITY-STATE-ZIP
TITLE	2. 1. TITLE
NAME	2. 2. NAME
STREET ADDRESS	2. 3. STREET ADDRESS
CITY-STATE-ZIP	2. 4. CITY-STATE-ZIP
TITLE	3. 1. TITLE
NAME	3. 2. NAME
STREET ADDRESS	3. 3. STREET ADDRESS
CITY-STATE-ZIP	3. 4. CITY-STATE-ZIP
TITLE	4. 1. TITLE
NAME	4. 2. NAME
STREET ADDRESS	4. 3. STREET ADDRESS
CITY-STATE-ZIP	4. 4. CITY-STATE-ZIP
TITLE	5. 1. TITLE
NAME	5. 2. NAME
STREET ADDRESS	5. 3. STREET ADDRESS
CITY-STATE-ZIP	5. 4. CITY-STATE-ZIP
TITLE	6. 1. TITLE
NAME	6. 2. NAME
STREET ADDRESS	6. 3. STREET ADDRESS
CITY-STATE-ZIP	6. 4. CITY-STATE-ZIP

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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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

DATE

305-577 7226

TELEPHONE #

CR2E034 (12/95)