

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 # **L75045** (9)

1. Corporation Name
MIAMI FILM STUDIOS, INC.



Principal Place of Business: **C/O THOMAS R. P OST, 901 NE SECOND AVE., STE. 2000, MIAMI FL 33132**
Mailing Address: **C/O THOMAS R. P OST, 901 NE SECOND AVE., STE. 2000, MIAMI FL 33132**

3. Date Incorporated or Qualified: **05/21/1990** 3a. Date of Last Report: **01/19/1995**
4. FEI Number: **65-0197669** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: 21. Suite, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country; 25. Country
2a. Mailing Address: 26. Suite, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

9. Name and Address of Current Registered Agent

**POST, THOMAS R.
901 NE SECOND AVE.
SUITE 2000
MIAMI FL 33132**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

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: _____

12. OFFICERS AND DIRECTORS

1. TITLE: DELETE; NAME: **D POST, THOMAS R.**; STREET ADDRESS: **901 NE SECOND AVE.**; CITY, ST, ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY - ST - ZIP; 2.1 TITLE: Change Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY - ST - ZIP; 3.1 TITLE: Change Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY - ST - ZIP; 4.1 TITLE: Change Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY - ST - ZIP; 5.1 TITLE: Change Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY - ST - ZIP; 6.1 TITLE: Change Addition; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 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 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

Feb 9, 1996

CR2E034 (12/95)