SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #** M18423 OCEAN CINEMAS, INC. Principal Place of Business Mailing Address C/O SANTIAGO HERNANDEZ C/O SANTIAGO HERNANDEZ 782 NW 42ND AVE 782 NW 42ND AVE MIAMI FL 33126 MIAMI FL 33126 3. Date incorporated or Qualified 3a. Date of Last Report 07/24/1985 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0125016 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intang-ble tax under s. 199,032, 24 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERNANDEZ, SANTIAGO 782 NW 42 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1.1 TITLE Change Addition NAME HERNANDEZ, SANTIAGO O., JR 1.2 NAME **CR2E034** STREET ADDRESS 780 NW 42 AVE 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 21 TrTLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SY-ZIP 2 4 CITY - ST - ZIP TATLE DELETE 3.1 TifLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3 4 CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CHTY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mornaukot

7-78-74 305-5298876