

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004058 (4)

1. Corporation Name

CAMI THEATRICAL, INC.



Principal Place of Business

3692 SW 24TH ST
MIAMI FL 33145

Mailing Address

3692 SW 24TH ST
MIAMI FL 33145

3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3035 CORAL WAY

26 3035 CORAL WAY

4. FEI Number
65-0434712

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

24 33145-3212 25 U.S.A

28 MIAMI FLORIDA 29 33145-3212 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMINO, CONCEPCION P
3692 SW 24TH ST
MIAMI FL 33145

81 Name CAMINO CONCEPCION P
82 Street Address (P.O. Box Number is Not Acceptable)
3035 CORAL WAY
83
84 City MIAMI FL 85 Zip Code 33145-3212

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed printed name of registered agent and title, if applicable

(Not for registered agent signature required when reissuing)

5/1/96

12. OFFICERS AND DIRECTORS

TITLE P.D.
NAME CAMINO, CONCEPCION P
STREET ADDRESS 5775 COLLINS AVE #601
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D
NAME HEVIA, GERRY
STREET ADDRESS 7855 NW 12TH ST. SUITE 214
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SIERRA, CARLOS
STREET ADDRESS 3692 SW 24TH ST
CITY-ST-ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D.P.
2. NAME CONCEPCION CAMINO
3. STREET ADDRESS 5775 COLLINS AVE #601
4. CITY-ST-ZIP MIAMI BEACH FL 33140

2. TITLE D.
3. NAME HEVIA GERRY
4. STREET ADDRESS 1405 S.W. 107 AVE #301-A
5. CITY-ST-ZIP MIAMI, FL 33174

3. TITLE D. LIDIA SANCHEZ
4. NAME
5. STREET ADDRESS 3035 CORAL WAY
6. CITY-ST-ZIP MIAMI FL 33145

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. 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 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

(305) 464-4619

CR2E037 (12/95)