

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

50 MAY 11 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014038 (3)

To: Incorporated Entity

POLARIS PICTURES CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0401642	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 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. P.O. BOX 145282	2b. Suite, Apt. #, etc.
22. City & State CORAL GABLES, FL	2c. City & State
24. ZIP 33114	25. Country USA

9. Name and Address of Current Registered Agent	
ANGULO, ANA MARIA 2151 LE IEUNE RD STE - 310 CORAL GABLES FL 33134	

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 law pertaining to §§ 602 and 607, 1900, 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, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent)

(Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D TORRI, LUIGI	1. NAME	☒ Change ☐ Addition
STREET ADDRESS	2451 BRICKELL AVE / STE - 12T	1. STREET ADDRESS	P.O. BOX 145282
CITY & STATE	MIAMI FL	1. CITY & STATE	CORAL GABLES, FL 33114 N/A
NAME	D LAGO, ENRIQUE J	2. NAME	☒ Change ☐ Addition
STREET ADDRESS	2451 BRICKELL AVE / STE - 12T	2. STREET ADDRESS	P.O. BOX 145282
CITY & STATE	MIAMI FL	2. CITY & STATE	CORAL GABLES, FL 33114 N/A
NAME		3. NAME	☐ Change ☐ Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
NAME		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1900A, Florida Statutes. I further certify that this information indicated on the 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Enrique J. Lago* (ENRIQUE J. LAGO) 5/5/95 (305) 857-0909
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR