

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000006951 (6)
1. Corporation Name

PMS ENTERTAINMENT GROUP, INC.

Principal Place of Business

Mailing Address

1700 DOUGLAS ROAD
#27
CORAL GABLES FL 33134

P O BOX 523314
MIAMI FL 33152
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORO, ZUMMY

~~1700 DOUGLAS ROAD~~ 7550 N.W. 8th
~~#27~~ MIAMI FL. 33126
CORAL GABLES FL 33134

Buss.

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 607.1508, 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

[Signature]
Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME ORO, ZUMMY
STREET ADDRESS 1700 DOUGLAS RD. #27
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME COLUMBIE, ANTHONY
STREET ADDRESS 1700 DOUGLAS ROAD, 27
CITY-ST-ZIP CORAL GABLES FL

TITLE D
NAME RONALD OSWALDO
STREET ADDRESS 1700 DOUGLAS ROAD, 27
CITY-ST-ZIP CORAL GABLES FL

TITLE D
NAME LEON, OSCAR E
STREET ADDRESS 1700 DOUGLAS RD, 27
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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]

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0385162

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

CR2E034 (3/96)

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****383.75 ****383.75

JB1-6-97

10-10-96