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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023912 (7)

CAUSSIN PRODUCTIONS, INC.

14. I do hereby certify that the information supplied with information indicated on this annual report or supplied am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or on

Principal Place of Business Mailing Address 1500 SAN REMO AVE 1500 SAN REMO SUITE 248 CORAL GABLES FL 33146 CORAL GABLES			3047		
				3. Date Incorporated or Qualified 03/30/1993	3a. Date of Last Report 06/21/1996
2. Principal Pi	lace of Business	28. Mailing Address 26.29355 W.	imile Rd	4. FEI Number 65-0396436	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
23 City & State	B	City & State 28 FARMING	mas KAT	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zib Zib	Country	8. This corporation has liability for in	
24	25	29 48334	30 Oakland		Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Reg	gistered Agent
	PER, ADAM		81 Name		
1500 SAN REMO AVE			82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)	
	re 248 Pal gables fl 33146		83		
ÇOF	ME CADLES FE SS 140				···
			84 City		FL 85 Zip Code
11. Pursuant i office or re agent. I a	m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above-named corp authorized by the corporati orida Statutes.	oration submits this statement for the p ion's board of directors. Thoreby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registured ager	nt and titic if applicable (NO1)	: Registered Agent's gnature require	ed when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P ALIOON MOOUTO	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME DESCRIPTION	CAUSSIN, JACQUES 12150 E. OUTER DR.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DETROIT MI 48224		1 3 STREET ADDRESS		ł
TITLE	D D	DELETE	1 4 CiTY - ST - ZIP 2 1 TITLE		Change Addition
NAME	SALERNO, LAWRENCE		2.2 NAME		
STREET ADDRESS	29355 W. MILE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON MI 48336		2.4 C(TY-ST-ZIP		
TITLE		☐ DELETE	a.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TILE		Change Addition
NAME		out it	4.2 NAME		C Distribe C Notifier
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		1
TITLE		DELETE	ELT TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CRY+ST-7/P		
TITLE		☐ DELETE	G.1 TITLE		☐ Change ☐ Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDIRESS		ļ.

ify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the true and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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