FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042732 (6)

1. Corporate Name
ENOTRIO ENTERTAINMENT, INC.

Principal Place of Business
2469 COLLINS AVE
MIAMI BCH FL 33140
US

Mailing Address
2469 COLLINS AVE
MIAMI BCH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0444741 — 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent
NELSON, GARRY E
801 BRICKELL AVE
9TH FL
MIAMI FL 33131

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 Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE BARROS, CLAUDIO R
STREET ADDRESS	2469 COLLINS AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	X
NAME	~~BECCHI, PALOMA~~
STREET ADDRESS	~~16485 COLLINS AVE 2734~~
CITY-ST-ZIP	~~MIAMI BCH FL~~
TITLE	ST
NAME	SCHNEEBELI, BERNARDO
STREET ADDRESS	210 174 ST APT 1703
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 05/01/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
CLAUDIO R DE BARROS

0148889 CP