

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000069023**

1. Corporation Name  
**ZUMA ENTERTAINMENT, INC**

1995 MAY -1 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3468 WEST 14th LANE 3468 WEST 14th LANE  
HIALEAH FL HIALEAH, FL  
33012 33012**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0439902</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		<b>\$5.00 May Be Added to Fees</b>	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
24	Zip	25	Country	29		30	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MAACIAL RODRIGUEZ JR 3468 WEST 14th LANE HIALEAH FL 33012</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee applicable. (3031E) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P/D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZULEMA RODRIGUEZ</b>	12 NAME	
STREET ADDRESS	<b>3468 WEST 14th LANE</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	14 CITY - ST - ZIP	<b>400001492714</b>
TITLE	<b>S/O</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAACIAL RODRIGUEZ JR</b>	22 NAME	
STREET ADDRESS	<b>3468 WEST 14th LANE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	24 CITY - ST - ZIP	<b>-05/17/95--01186-025 ****200.00 ****200.00</b>
TITLE	<b>T/D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAACIAL RODRIGUEZ SA</b>	32 NAME	
STREET ADDRESS	<b>3468 WEST 14th LANE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>20A</b>
STREET ADDRESS		63 STREET ADDRESS	<b>S-1-95</b>
CITY - ST - ZIP		64 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 in this 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 required, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/30/92**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR