

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000070089			
1. Corporation Name CARIBE FILMS, INC.			
Principal Place of Business 14490 S.W. 71 Lane Miami, FL 33183-2134		Mailing Address P.O. BOX 161923 Miami, FL 33116-1923	
2. Principal Place of Business 21 14490 S.W. 71 Lane <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 26 P.O. Box 161923 <small>Suite, Apt. #, etc.</small>	
22. City & State 23 Miami, Florida <small>Zip Country</small>		27. City & State 28 Miami, Florida <small>Zip Country</small>	
24 33183-2134 25 USA		29 33116-1923 30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Arturo J. Savinon	
		82 Street Address (P.O. Box Number is Not Acceptable) 14490 S.W. 71 Lane	
		83	
		84 City Miami 85 Zip Code 33183	
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: <small>Signature typed or printed name of registered agent and title if applicable.</small>		Arturo J. Savinon - President 04/17/97 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President <input type="checkbox"/> DELETE 1.2 NAME Arturo J. Savinon 1.3 STREET ADDRESS 14490 S.W. 71 Lane 1.4 CITY-ST-ZIP Miami, FL 33183-2134		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE Vice-President <input type="checkbox"/> DELETE 2.2 NAME Robert J. Smith 2.3 STREET ADDRESS 10301 Lexington Estate Blvd. 2.4 CITY-ST-ZIP Boca Raton, FL 33428		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.		800002157438 -04/29/97--01002--049 ***165.00	
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Arturo Savinon 04/10/97 (305)380-1738 <small>Date Daytime Phone #</small>	

CR2E034 (9/96)