

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:31

DOCUMENT # **P94000005335 (2)**

1. Corporation Name

MOVIE LASER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
121 SE 1 ST SUITE 1009 MIAMI FL 33131

3. Date Incorporated or Qualified 01/21/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. #1010
22 City & State
23 Zip Country
24 25 29 30

4. FEI Number 65-0464216 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

9. Name and Address of Current Registered Agent
ROUTMAN, LLOYD M
100 NE 84 ST
MIAMI FL 33138

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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]

JAN 9 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D
NAME CASSUTO, ALAIN
STREET ADDRESS 121 SE 1 ST SUITE 1009
CITY, ST, ZIP MIAMI FL 33131
2. TITLE D
NAME MULNER, PATRICK
STREET ADDRESS 121 SE 1 ST SUITE 1009
CITY, ST, ZIP MIAMI FL 33131

14. TITLE
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP
18. TITLE
19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP
22. TITLE
23. NAME
24. STREET ADDRESS
25. CITY, ST, ZIP
26. TITLE
27. NAME
28. STREET ADDRESS
29. CITY, ST, ZIP
30. TITLE
31. NAME
32. STREET ADDRESS
33. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to file this report as required by Chapter 199, Florida Statutes. I further certify that the information included 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, the name of the corporation empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an amendment to this report.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF AN OFFICER OR DIRECTOR

JANUARY 9 1995