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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400008400 (1)

TRU-CINEMA, INC.

51 10 10 10	4.4 - 24 -

## **FILED** Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
8238 SW 148 MIAMI FL 33	<del>-</del>	8238 SW 148 PL Miami Fl 33183-1589							
						3. Date Incorporated or Qualified 02/01/1994		te of Last F 27/1996	report
2. Principal	Prace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number		}	pplied For
21	to the same of the	26			····	65-0478566			ot Applicable
Suite, Ap	ot #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	Ω		Additional equired
City & St	ale	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
7ip	Country 25	Zip 29	30 Cou	ntry		This corporation has liability for Florida Statutes	ntangible ( Yes		i. 199.032,
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
TE	RUJILLO, JUAN J			81	Name				
1	8238 SW 148 PL 82 Street A			Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
M	AMI FL 33193		ŀ	83	<del> </del>				
				84	City		FL	<b>85</b> Zip	Code
11. Pursuar	it to the provisions of Sections 607.	0502 and 607 1508. Florida Stati	utes the at	nove	-named corpo	pretion submits this statement for the p		changing i	its registered
office or	r registered agent, or both, in the St	ate of Florida, Such change was	authorized	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	t the appo	pintment as	registered
SIGNATURE		organistic of account devices, i	ionaa oidi	0.00.	•				
SIGNATURE	Signature: typed or printed harve of registered	l agent and siln il applicable. (NO	OTE Registered	Agen	a signature requirer		DATE		
12.		AND DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP	☐ DELETE	1.1 TIT	ſĿĒ				Change	Addition
NAM:	TRUJILLO, AMPARO		1.2 NA	ME					
STREET ADDRESS			1.3 \$1	REET /	address				
CITY - S1 - ZIP	MIAMI FL 33193		14 CI		-ZIP				
TITLE	DST	☐ DELETE	21 TI	TLE				Change	Addition
NAME	TRUJILLO, JUAN JOSE		2.2 NA	ME					
STREET ADDRESS	1 " "		2.3 ST	REET A	address		•		
CITY-ST-ZIP	MIAMI FL 33193		2. 4 C		T-ZIP	····			
TITLE		☐ DELETE	3.1 7(1		1			Change	Addition
NAME			3.2 NA		-				
STREET ADDRESS	\$		3.3 ST	REET	ADDRESS	and the second second			
CITY-ST-ZIP		1	3.4. C		T-ZIP	·		T 1 64	A 3 4/41
THLE		☐ DELETE	4.1 10		-			Change	Addition
NAME			4. 2 N						
STREET ADDRESS	\$				ADDRESS	·			
CITY - ST - ZIP			4.4 CI		- ZIP			<u> </u>	1 4 4 100
TILE		DELETE	5.1 717		}			Change	☐ Addition
NAME			5.2 N						
STREET ADDRESS	S		5 3 ST	REET	ADDRESS				
CITY-ST-7:2		<b>—</b>	540		- ZIP			<del></del>	
TITLE		DELETE	6.1 TP	TLE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS	s		6.3 ST	REET	address				
CITY - ST - ZIP			6.4 CI	TY - ST	ZIP				

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 on an attachment with an address.

SIGNATURE:

Daytime Phone 1392-1270