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

母連打

TITLE

NAME

STREET ADDRESS

**FILED** Mar 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000008400 (1) TRU-CINEMA, INC. Principal Place of Business Mailing Address 8238 SW 148 PL 8238 SW 148 PL MIAMI FL 33193 MIAMI FL 33193 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0478566 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible Yes Yes 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRUJILLO, JUAN J 8238 SW 148 PL 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** 83 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition MALAF TRUJILLO, AMPARO 1.2 NAME 8238 SW 148 PL STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33193 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TRUJILLO, JUAN JOSE NAME 22 NAME STREET ADDRESS 8238 SW 148 PL 2.3 STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I 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 chapped, or on an attachment with an address. SIGNATURE:

DELETE

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

Change

☐ Addition