

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000008459 (7)**

1. Corporation Name
SHOWTIME THEATRES INC.



Principal Place of Business: **848 BRICKELL AVE. SUITE 830 MIAMI FL 33131**
Mailing Address: **848 BRICKELL AVE. SUITE 830 MIAMI FL 33131**

3. Date Incorporated or Qualified: **02/02/1994**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business: **1221 Brickell Ave. 9th Floor MIAMI FL 33131 DADE**
2a. Mailing Address: **1221 Brickell Ave. 9th Floor MIAMI, FL 33131 DADE**

4. FEI Number: **65-0464517**
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
**M.A. MARTIN AND ASSOCIATES, P.A.
848 BRICKELL AVENUE, #830
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **MERKIN STEWART A**
82 Street Address (P.O. Box Number is Not Acceptable): **444 BRICKELL AVE SUITE 300**
83
84 City: **MIAMI FLA 33131** FL 85 Zip Code: **33131**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **STEWART A MERKIN** **7-26-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	UZAN, YVES	
STREET ADDRESS	848 BRICKELL AVE, SUITE 830	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	UZAN, STEPHAN	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 830	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TATON, ANNIE	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 830	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

11 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VICTOR AZAIA	
13 STREET ADDRESS	1221 BRICKELL AVE 9th Floor	
14 CITY - ST - ZIP	MIAMI FLA 33131	
21 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VICTOR AZAIA	
23 STREET ADDRESS	1221 BRICKELL AVE 9th Floor	
24 CITY - ST - ZIP	MIAMI FLA 33131	
31 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VICTOR AZAIA	
33 STREET ADDRESS	1221 BRICKELL AVE 9th Floor	
34 CITY - ST - ZIP	MIAMI FLA 33131	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **VICTOR AZAIA President** **7.26.1996 (305) 535580**

CR2E034 (3/96)