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 # P94000012526 (7)

MAYAN :	STUDIOS OF NAPLES, INC							
Principal Plac	e of Business	Mailing Address			E TABLITARA LINE LONG AND IL REGILI DOLLI DOLLI	ARLOI INDIA 1	70 1 6 1116 (1810	DIII IULI
801 KNOLLWOOD COURT 801 KNOLLWOOD COURT NAPLES FL 33985" NAPLES FL 34108-8232								
					3. Date Incorporated or Qualified 02/14/1994		te of Last R 7/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		_ 	oplied For
21		26			65-0462380			ot Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75 A	
City & Stat	le	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added 1	
Zip 24 341		Zıp	Country 30	· · · · · · · · · · · · · · · · · · ·		Yes [No	. 199.032,
9. Name and Address of Current Registered Agent				· ·	10. Name and Address of New Re	gistered A	lgent	
	DEN, CHRISTIAN B		81	Name				
2590 GOLDEN GATE PARKWAY			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
	TE 101		83					
NAP	LES FL 33942							
			84	City		FL	85 Zip (Code
office or agent. I a	registered agent or both, in the State am familiar with, and accept the oblig Stgnature, typed or printed nursic of registered ag	pations or, Section 607.0505, Fi	onda Statute	s. 	rporation submits this statement for the pation's board of directors. I hereby accelured when renstating)	pt the app	pintment as	registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	DP DELETE		1.1 TiTLE				Change	Addition
NAME	DOMENIE, MAYDA G		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS		211100			
CITY - ST - ZIP	NAPLES FL 33963	DELETE	1.4 CITY - ST - ZIP		34108		Change	Addition
TITLE	D DELETE DOMENIE, JOHAN		2.1 TITLE 2.2 NAME				Change	☐ Addition
NAME STREET ADDRESS	801 KNOLLWOOD COURT			T ADDRESS	_			
CITY-ST-ZIP	NAPLES FL 33983		2. 4 CITY - ST - ZIP		34108	•		
TITLE	DELETE		3.1 TITLE	J. 2			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST ZIP			3.4. CITY -	ST - ZIP			— .	77.00
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAME	- 1				
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	S1 - ZIP			Change	Addition
NAME		beech	5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY -					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY - ST - ZIP	1 / 1		6.4 CITY -	ST · ŽIP				

14. I do hereby certify that the information supplied with this filling 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 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 dijector 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 chapted, or on an attachment with an address.

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FILED

Feb 17 1997 8:00am

Secretary of State