FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000027318 (2)

1. Entity Name

INTERAMERICAN PACKAGING SUPPLY, INC.

Principal Place of Business

C/O SAMUEL A. BRODNAX, JR., ESQ.
201 S. BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131

Mailing Address

C/O SAMUEL A. BRODNAX, JR., ESQ.
201 S. BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131

FILED
95 MAY -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 04/11/1994

3a. Date of Last Report:

2. Principal Place of Business
21 9915 Sandpiper Road East
22 Suite Apt. # or other

City & State
23 Bradenton, Florida

Zip
24 34209 25

26. Mailing Address
P.O. Box 15179
27 Suite Apt. # or other

City & State
28 Bradenton, Florida

Zip
29 34280-5179 30 USA

4. FEI Number: 65-0486742 ☐ 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 elected to be governed by the Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRODNAX, SAMUEL A JR, ESQ
201 S. BISCAYNE BLDV.
SUITE 2400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: INTERAMERICAN PACKAGING SUPPLY INC
82 Street Address (P.O. Box Numbers Not Acceptable): 9915 SANDPIPER RD EAST
83
84 City: BRADENTON FL 65 Zip: 34209

11. Pursuant to the provisions of Sections 607.0501 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 (If changing registered agent, registered agent must sign here) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
31 Title	D	41 Title	☐ Change X Addition S/T/D
Name	PUGH, ROBERT G	Name	PUGH, ROBERT G.
Street Address	210 S. BISCAYNE BLVD., SUITE 2400	Street Address	9915 Sandpiper Road East
City-State-Zip	MIAMI FL 33131	City-State-Zip	Bradenton, Florida 34209
Title	D	Title	☐ Change X Addition P/D
Name	PUGH, SUSAN M	Name	PUGH, SUSAN M.
Street Address	210 S. BISCAYNE BLVD., SUITE 2400	Street Address	9915 Sandpiper Road East
City-State-Zip	MIAMI FL 33131	City-State-Zip	Bradenton, Florida 34209
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 31 or Block 41 above, or on an attachment with an address.

SIGNATURE: Susan M. Pugh
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Susan M. Pugh 4/21/95 (813) 792-0620
(TELEPHONE NUMBER)

0128404 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000027359 (6)**

1. Corporation Name

SHOWBIZ KIDZ INC.

Principal Place of Business	Mailing Address
1615 MERIDIAN AVE SUITE 303 MIAMI BEACH FL 33139	1615 MERIDIAN AVE SUITE 303 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 505 Lincoln Rd	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Bch, FL	City & State 28
Zip 24 33139 — Country 25 USA	Zip 29 — Country 30

4. FEI Number: 59-5388342 — 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	10. Name and Address of New Registered Agent
HEIDEN, MICHAEL 1615 MERIDIAN AVE SUITE 303 MIAMI BEACH FL 33139	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 85 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] — 4/26 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HEIDEN, MICHAEL	1.2 NAME	
STREET ADDRESS	1615 MERIDIAN AVE SUITE 303	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(1)(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: [signature] Michael Heiden — 4/26 — (305) 672-4396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146078 CP