

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF SUCCESSFUL), MINIMUM AMOUNT DUE TO REINSTATE: \$270

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027702 (7)

1. Corporation Name

GAVILAN ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

C/O RJS
201 S BISCAYNE BOULEVARD, SUITE 1500
MIAMI FL 33131

C/O RJS
201 S BISCAYNE BOULEVARD, SUITE 1500
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

04/12/1994

2. Principal Place of Business

2a. Mailing Address

21 8356 Mills Drive
Miami, FL 33187

26 8356 Mills Drive
Suite, Apt. #, etc.

4. FEI Number

65-0501796

Applied For

Not Applicable

22

City & State

Miami, FL

27

City & State

Miami, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Zip

33183

25

Country

USA

29

Zip

33183

30

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BOULEVARD
SUITE 1500
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President
NAME JUGO, RALPH
STREET ADDRESS 8700 S.W. 89TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D Vice President & Secretary
NAME JUGO, ELENA S
STREET ADDRESS 8700 S.W. 89TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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: Ralph Jugo - President 6-12-95
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)