

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:14

DOCUMENT # P94000046989 (7)

1. Corporation Name

STUDIO 356, INC.

Principal Place of Business

800 N. MIAMI AVE.
#1406-E
MIAMI FL 33136

Mailing Address

800 N. MIAMI AVE.
#1406-E
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 800 N MIAMI AVE

2a. Mailing Address

26 800 N MIAMI AVE

4. FEI Number

65-0499348

Applied For

Not Applicable

Suite, Apt. #, etc.

22 808-E

Suite, Apt. #, etc.

27 808-E

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33136

Country

25 USA

Zip

29 33136

Country

30 USA

9. This corporation has liability for intangible tax under S. 190.037,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPIRITI, JOSEPH A JR.
1001 S. BAYSHORE DR.
SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 reelecting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
DUPRE, MITCHELL
800 N. MIAMI AVE., 1406-E
MIAMI FL 33136

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
DUPRE, JOHANNA R
800 N. MIAMI AVE., #1406-E
MIAMI FL 33136

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☒ Change ☐ Addition
800 N MIAMI AVE., #808-E

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☒ Change ☐ Addition
800 N MIAMI AVE., #808-E

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

MITCHELL DUPRE, PRES

7.14.95

Date

(Signature Printed)