SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORA'TION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400053157 (1)

MIAMI INTERNATIONAL STUDIOS, INC.

FILED Aug 01 1997 8:00 am Secretary of State



Principal Plac	e of Business	Mailing Address				ti makan anian niint okaat aliiti 1881 ii	/ []
420 LINCOLN ROAD 218 ALMERIAL AVE							
211 SHERMAN & CASTRO							
MIAMI BEACH FL 33139 CORAL GABLES FL 33134			4		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/19/1994	3a. Date of Last Report 05/01/1996	
2. Principal P	ince of Rusiness	2e. Mailing Address			4. FEI Number	Applied I	For
21 H235 HHON KO2D 26					65-0505427	Not Appl	licable
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Addition	
City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Feet	
			Count	У	8. This corporation owes or has pai	d the current year Intangible	e
24 97/90 25 05/1 29 30			30	Personal Property Tax due June 30. Yes No			
	9, Name and Address of Current Registered Agent				10. Name and Address of New Re	istered Agent	
	stro, jose e esq		8.	Name			
218 ALMERIA AVE SUITE 4500			8:	Street Ad	ldress (P.O. Box Number is Not Acceptab	ie)	
	RAL GABLES FL 33134		83	3			
			84	City		85 Zip Code	
44 5	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			بنال		FL '	
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was i	es, the abor authorized b	/e-named co ov the corpor	proprietion submits this statement for the pration's board of directors. I hereby accept	urpose of changing its regis tithe appointment as registe	stered ered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Statute	es.			,,,,,
SIGNATURE	Signature, typied or printed name of registered age	ol and title if annicable (NOT	F: Registered A	ant elanature sea	quired when reinstating)	DATE	
12.	OFFICERS ANI		13,	jon, alghature rec	ADDITIONS/CHANGES TO OFFIC		2
TITLE	P	DELETE	1.1 TITLE				Addition
NAME	KAPLAN, DEENY		1.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 1		1.4 CiTY-				
TITLE			2.1 TITLE	-	***************************************	Change A	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ÄDDRESS	3000022	5550933-014 97-01044014	.9
CITY-ST-ZIP			2. 4 CITY	ST-7/P			
TITLE			3.1 TITLE		****16	ァ ・00 	daltion
NAME			3.2 NAME				İ
STREET ADORESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			ļ
TITLE			4.1 TITLE			☐ Change ☐ A	Addition
NAME			4. 2 NAME		(W.		
STREET ADDRESS			4.3 STREE	T ADDRESS	\sim α_{011}		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<i>D</i> [1		
TITLE		☐ DELETE	5.1 TITLE			Change A	Addition
NAME			5.2 NAME	-			İ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		/	5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Ad	ddition
NAME	4		6.2 NAME				
STREET ADDRESS	1		6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. I do hereb	by certify that the information supplied	with this filing floes not qualif	v for the evi	emotion state	ed in Section 119 07(3)(i). Florida Statutes	I further portify that the	

Information indicated on this annual topograph with this injury coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual topograph complemental 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 of the corporation of the corporation of 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 changing the analysis of the corporation