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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056306 (1) MAKO FILMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 231 NW 207 AVE 231 NW 207 AVE PEMBROKE PINES FL 33029-3502 PEMBROKE PINES FL 33029 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 250 W. 61 Street Sulte, Apt. #, etc. 26 P.O. Box 820098 Suite, Apt. #, etc. 21 65-0507948 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 South Florida, FL Zip Country Trust Fund Contribution Added to Fees Hialeah, 8. This corporation has liability for intangible tax under s. 199.032, 25 IJ S 29 33082 9. Name and Address of Current Registered Agent 25 29 33082 Florida Statutes Yes 🙀 No Ų.S 10. Name and Address of New Registered Agent 81 HERNANDEZ, CARLOS Hernandez, Carlos
Street Address (P.O. Box Number is Not Acceptable) 231 NW 207 AVE 82 PEMBROKE PINES FL 33029 250 W. 61 Street 83 84 Hialeah 33012 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. CARLOS HERNANDEZ SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE X Change TITLE PD 1.1 THUE Addition HERNANDEZ, CARLOS NAME 1.2 NAME Hernandez, Carlos 231 N.W. 207TH AVE. STREET ADDRESS 1.3 STREET ADDRESS 250 W. 61 St. Hialeah, FL 33012 PEMBROKE PINES FL 33029 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TO LE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-S1-ZIP DELETE Change Addition TITLE 311016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1 Y - S1 - Z(P DELETE Change Addition TITLE 5.1.1011.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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 attacking of the corporation of the corporation of the corporation of 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 attacking of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporatio

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Apr 25 1997 8:00am

Secretary of State