

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072205 (5)

1. Corporation Name:

A.M. ENTERTAINMENT, INC.



Principal Place of Business

Mailing Address

11691 SW 32 ST
MIAMI FL 33165

11691 SW 32 ST
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

08/09/1995

4. FEI Number

65-0532213

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

MCMILLIN, MICHAEL
1390 OCEAN DR
#507
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 607.1506, 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, if applicable,

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VPD	AGUILERA, ABEL A	☐ Change ☐ Addition	
11691 SW 32 ST		1.3 STREET ADDRESS	
MIAMI FL 33165		1.4 CITY- ST- ZIP	
PD	MCMILLIN, MICHAEL	2.1 TITLE	2.2 NAME
1390 OCEAN DR #507		☐ Change ☐ Addition	
MIAMI BEACH FL 33139		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
		3.1 TITLE	3.2 NAME
		☐ Change ☐ Addition	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
		4.1 TITLE	4.2 NAME
		☐ Change ☐ Addition	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
		5.1 TITLE	5.2 NAME
		☐ Change ☐ Addition	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	6.2 NAME
		☐ Change ☐ Addition	
		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 119.07(3)(k), 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: MICHAEL MCMILLIN 3/8/96 (305)773-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)