

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075453 (8)**

1. Corporation Name
OLIMAC FILM, INC.



Principal Place of Business: **5826 SW 4TH ST MIAMI FL 33144-3311**
Mailing Address: **5826 SW 4TH ST MIAMI FL 33144-3311**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 30

3. Date Incorporated or Qualified: **10/13/1994** 3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0530257** 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: **VILA, CAMILO 5826 SW 4TH ST MIAMI FL 33144-3311**
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 607.090 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 607.090, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D** [] DELETE
2. NAME: **VILA, CAMILO**
3. STREET ADDRESS: **5826 SW 4TH ST**
4. CITY, ST, ZIP: **MIAMI FL 33144-3311**
5. TITLE: [] DELETE
6. NAME: [] DELETE
7. STREET ADDRESS: [] DELETE
8. CITY, ST, ZIP: [] DELETE
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY, ST, ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY, ST, ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME: [] Change [] Addition
7. STREET ADDRESS: [] Change [] Addition
8. CITY, ST, ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME: [] Change [] Addition
11. STREET ADDRESS: [] Change [] Addition
12. 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 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 attached form with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-96

CR2E034 (12/95)