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

APPROVED AND FILED
96 MAR -1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
P94000081247

1. Corporation Name

INTERNATIONAL CINEMA EQUIPMENT CO.
100 N.E. 39th Street
Miami, Florida 33137
(305) 573-7339 FAX (305) 573-8101

Principal Place of Business
100 NE 39th St.
Miami, Fl
33137

Mailing Address
Same

2. Principal Place of Business
21 100 NE 39 St
~~Same as above~~
Suite, Apt #, etc
22
City & State
23 MIAMI FL
Zip 24 33137
Country 25

2a. Mailing Address
26 100 NE 39 St
same
Suite, Apt #, etc
27
City & State
28 Miami FL
Zip 29 33137
Country 30

3. Date Incorporated or Qualified: 1980
3a. Date of Last Report: 1995
4. FEI Number: 58-1212280 — 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

Marshal Pasternack
c/o Greenberg Traurig
1221 Brickell Ave
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 Marshal Pasternack (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	Steven H. Krams	
STREET ADDRESS	4211 Braganza Ave, Miami, FL	
CITY-ST-ZIP		
TITLE	Vice President	☐ DELETE
NAME	Dara Jean Reusch	
STREET ADDRESS	100 NE 39th St.	
CITY-ST-ZIP	Miami, Fl 33137	
TITLE	Secretary, Treasurer	☐ DELETE
NAME	Minna Krams	
STREET ADDRESS	9161 East Bay Harbor Drive	
CITY-ST-ZIP	Miami, Fl 33154	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	900001736549 -03/08/96--01011--001 ****200.00 ****200.00	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	VH 3/01/96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 Minna Krams *Minna Krams* 1-30-96 1-305-573-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #