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 # P94000086740 (5) 1. Corporation Name

C.A.C. ENTERTAINMENT, INC.



Principal Place of Business Malling Address		Malling Address		ı ısayıddı irə ibili gibili dölili öl	ı nasırdan ina tanın gesir dahle batın danıl darah falif dalili sadıl diləti dali 1881.	
16902 NW 69TH AVE MIAMI FL 33015 US		16902 NORTHWEST 69 AVENUE MIAMI FL 33015				
2 Principal D	Asso of Phojuses			Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 04/10/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		26 Suite And H		65-0538612	65-0538612 Not Applicable	
22 City & State		Suite, Apt. #, etc. 27	h	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Country 25	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,	
	9. Name and Address of Curr	29 Part Registered Agent	30	Florida Statutes Yes	⊠ No	
	5. *******	our neglisteren wydur	81 Name	10. Name and Address of New R	egistered Agent	
AMEDI	I AWVED		BI Name			
Amerilawyer 343 Almeria Avenue			82 Street	odress (P.O. Box Number is Not Acceptable)		
	L GABLES FL 33134		-			
CORAL	L GADLES FL 33/34		83			
			84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1408, Florida State	Aes, the above named r	corporation submits this statement for the purps s board of directors. I hereby accept the appo		
or register familiar wit	eo agent, or poth, in the State of Flo th, and account the obligations of Soc	ridt, Such change was author	ized by the corporation's	s board of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE			×3.			
OG WOOL _	Signature, typied of painted name of registered agei	nt and this it applicable (N	OTE: Registered Agent signature	required when reinstative.	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THE	Р	DELETE	1. 1 TITLE	The state of the s	Change Addition	
NAME	CAMPA, ARTURO M		1.2 NAME		The standard Notifical	
STREET ADORESS	The state of the s		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME		Till Strange Till Vagition	
STREET ADDRESS			2.3 STREET ADDRESS	1		
CITY-SI-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3 1 THILE		Change Addition	
NAME			3.2 NAME		C ounds C vocation	
STREET ADDRESS			3.3. STREET ADDRESS			
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TITLE		DELETE	4. 1 11TLE		☐ Change ☐ Addition	
NAME			4.2 NAME	}	E commo E vocation	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	•		
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME		Fill control	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-\$1-7:P			
TITLE		☐ DELETE	6. 1 TITLE		Change Addition	
NAME			6.2 NAME		and a raise and seemen	
STREET ADDRESS			63 STREET ADDRESS		Í	
CITY-ST-ZIP			6.4.0/IV OT 7/D		}	
 f do hereby certify that the 	certify that the information supplied vi he information indicated on this annu	vith this filing is voluntarily furni	chad and done not a al	lify for the exemption stated in Section 119.07	(3)(k) Florida Statutos I futbor	

4. 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 appears in Block 12 or Block 13 (c) ingod, or on an attacty that an address.

SIGNATURE:

GNA WHA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/30/96 (305) 828.5214