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 # P94000089058 (9)

1. Corporation Name

R.M.I. ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
1774 N.E. 142ND ST. NORTH MIAMI FL 33181	1774 N.E. 142ND ST. NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: APPLIED FOR — ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1208 NE 91ST ST.	26 1208 NE. 91ST ST
22 Suite, Apt. #, etc. —	27 Suite, Apt. # etc. —
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33188 25 Country USA	29 Zip 33138 30 Country USA

9. Name and Address of Current Registered Agent

INGRIA, ROBERT
1774 N.E. 142ND ST.
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name INGRIA, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable) 1208 NE 91ST ST
83
84 City MIAMI FL 85 Zip Code 33138

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 ______ Signature, typed or printed name of registered agent and title if applicable ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	INGRIA, ROBERT	1.2 NAME	
STREET ADDRESS	1774 N.E. 142ND ST.	1.3 STREET ADDRESS	1208 NE 91ST STREET
CITY-ST-ZIP	NORTH MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL. 33138
TITLE	~~ST~~ ☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~INGRIA, ANGELO~~	2.2 NAME	
STREET ADDRESS	~~3800 S. OCEAN DR. APT. #310~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~HOLLYWOOD FL 33019~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   5/6/96 Daytime Phone #

CR2E034 (12/95)