SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000089121 (5)**

1. Corporation Name

PRIME MATE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 22432 FORT LAUDERDALE FL 33335	P.O. BOX 22432 FORT LAUDERDALE FL 33335

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: ~~APPLIED FOR~~ 65-0563939 ☐ 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

MICHELLE D. NAPLES
410 SE 13TH ST. #5
FORT LAUDERDALE FL 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PAUL LISPMAN		1.2 NAME	
STREET ADDRESS	7844 NW 78TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICHELLE D. NAPLES		2.2 NAME	
STREET ADDRESS	410 SE 13TH ST. #5		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33316		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL PILA		3.2 NAME	
STREET ADDRESS	8691 SW 32ND TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33016		3.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REYNALD J. DIAZ		4.2 NAME	
STREET ADDRESS	6640 W. 24TH CT BLD.25 STE.63		4.3 STREET ADDRESS	
CITY-ST-ZIP	HGIALEAH FL 33016		4.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT MARTINEZ		5.2 NAME	
STREET ADDRESS	11721 NW 43RD PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200001927942
STREET ADDRESS			6.3 STREET ADDRESS	-08/21/96--01017--015
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***225.00

CR2E034 (3/96)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

(954)763-6737

SIGNATURE: Michelle D. Naples VP/S/T Prime Mate Prod. 8/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/20/96