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PROFIT , CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 21 1997 8:00am Secretary of State

DOCUMENT # P95000033479

| MUN   | IGO FILMS, INC.                                    |                       |                 | 3. Date Incorporated or Qualified 04/24/1995  4. FEI Number 65-0591548 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \$\frac{10}{3}\$ Yes \$\frac{10}{3}\$ No Not Acceptable)  81 Name 10. Name and Address of New Registered Agent |                |  |  |          |                  |
|---|--|-----------------------|-----------------|--|----------------|--|--|----------|------------------|
| Princ pat Pla   | açer of Business                                   | Mailing Addre         | ess             |  |                | _  |  |          |                  |
| 230   | 8 FOWLER STREET                                    | 2308                  | FOWI.ER         | STRE   | ET             |  |  |          |                  |
| 2308 FOWLER STREET 2308 FOWLER STREET FT. MYERS, FL 33901 FT. MYERS, FL 33901 |  |                       |                 |  |                |  |  |          |                  |
| 2. Pone pal   | Piace of Business                                  | 2a. Mailing Ac        | dress           |  |                | 4. FEI Number  | <del>                                     </del> | Apr      | olied For        |
| 21  |  | 26                    |                 |  |                | 65-0591548   | ſ  |          |                  |
| Suite, Ap   | it #, etc ·  | Suite, Apt            | #, etc.         |  |                | 5. Certificate of Status Desired                               | 1 1  |          |                  |
| Oity & Sta  | ate  | City & Stat           | e               |  |                |  |  |          |                  |
| Zip   | Country  | Zip                   |                 | Country  |                | · · · · · ·  | . ~  | der s.   | 199.032,         |
| 24  | 25   | 29                    | 30              |  |                |  |  |          |                  |
|   | 9. Name and Address of Current                     | nt Registered Agen    | t               |  | *1             | 10. Name and Address of New Reg                                | istered Agent                                    |          |                  |
|   |  |                       |                 | 81   | Name           |  |  |          |                  |
| BERGMANN, GABRIELA A.<br>2308 FOWLER STREET                                   |  |                       |                 |  | Street Add     | ddress (P.O. Box Number is Not Acceptable)                     |  |          |                  |
|   | MYERS, FL 33901                                    |                       |                 | 83   |                |  |  |          |                  |
| r r •   | 11 33301   |                       |                 | 84   | City           |  | 85   | Zip C    | ode              |
|   |  |                       |                 |  |                |  |  |          |                  |
| office or   |  | e of Florida. Such ch | ange was author | ized by I  |                |  |  |          |                  |
| SIGNATURE   |  |                       |                 |  |                |  |  |          |                  |
|   | Enviation Type diorip intrologeneral registered ag |                       |                 |  | signature requ |  |  |          |                  |
| 12.   | OF FICERS AN                                       | D DIRECTORS           |                 |  |                | ADDITIONS/CHANGES TO OFFIC                                     |  |          |                  |
| Mil   | D  |                       |                 |  |                |  |  | ange     | ☐ Kuninan        |
| NAMi  | BERGMANN, GABR                                     |                       |                 |  | D00500         |  |  |          |                  |
| STREET ADDRESS  | 1 2000 1000000                                     |                       |                 |  | 1              |  |  |          |                  |
| OTTY ST-2IF   | FT. MYERS, FL                                      | 33901                 |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | - ZIP          |  | Пс   | 2000     | Addition         |
| TITLE   |  | L                     |                 |  |                |  | v  | arigo    |                  |
| A.A.  |  |                       |                 |  | 220000         |  |  |          |                  |
| STREET ACCORDS  |  |                       |                 | 3 STREET A   | ľ              |  |  |          |                  |
| ( fr. St. 7th   |  | r i                   |                 | 4 CHTY-ST  | -ZIP           |  | ☐ Cr   | ange     | Addition         |
| 101:1   |  | L                     | •               | 2 NAME   |                |  | 0  | 9"       | tend - terate of |
| NW<br>STOLEN AGE TO   |  |                       |                 | 3 STREET A   | INTERES        |  |  |          |                  |
| STREET ADDRESS  |  |                       |                 | S & STREET A   | - 1            |  |  |          |                  |
| Cory St. 24<br>Title  |  | <b>-</b>              |                 | LI TILLE   | · E11          |  | □ Cr   | ange     | Addition         |
| NAMI  | İ  |                       | <b>1</b>        | 2 NAME   | }              |  | <b>—</b> •                                       |          |                  |
| SISE LADOPES  |  |                       |                 | I 3 STREET A   | INDRESS        |  |  |          |                  |
|   | " [  |                       |                 | 1.4 CITY-ST  | Į.             |  |  |          |                  |
| THLE  |  | П                     |                 | 1 1 1 TLE  | <u> </u>       |  | □ CF   | iangel / | Add tion         |
| NAME  |  |                       |                 | 2 NAME   | 1              |  |  | V        |                  |
| - 514:EFFACUÉE o  | . ]  |                       | 1               | 3 STREET A   | IDDRESS        |  |  | Λħ       | din              |
|   | `  |                       |                 |  |                |  |  | 411      | וועלוצ           |
| 00 (+ 51 - 70)<br>TIFLE   |  | т                     |                 | 4 CITY - ST<br>1 TITLE   | - 211          |  | ☐ Cr   | ian (J)  | Addition         |
|   |  |                       |                 | 2 NAME   | Ì              | العارب المار المحمول وينبلا والمحمور والمهمي والمعمور والمهمور |  | •        | - asmort         |
| NAME.   |  |                       |                 |  | unnesco        | 2000 <b>0214</b><br>-04/21/970111                              | 걸ح보고   |          |                  |
| STREET ADDRESS  | ` }  |                       | 5               | 3 STREET A   | IDDLC22        | -04/21/970111  | .5008  |          |                  |

14. If do nearby codely that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicator 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 Lars an officer or director of true corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GABRIELA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIELA A. BERGMANN 4/15/97 (941)332-7080