Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90091 029 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000038262

1. Corporation Name

INTERNA	ATIONAL FILM DISTRIBUTO	DRS, INC.							
Principal Plac	e of Business	Mailing Address				-{	(L) 00 611 16 114 00 1	90 ILIUI IDIAN 1181	A BITTO HAT 1883
10481 S.W. 78 STREET 10481 S.W. 78 STREET MIAMI FL 33173 MIAMI FL 33173						חס אחד	WRITE IN TH	IS SPACE	
		•				3. Date Incorporated or Qua 05/15/1995			
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 65-0582226			pplied For ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desire	eđ 🗀		Additional lequired
City & Stat	e	City & State				Election Campaign Finance Trust Fund Contribution	ing 🗆		May Be to Fees
Zip Country 24 25 29		Zip 29	Country 30			This corporation owes the Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of N	ew Registere	d Agent	
RAMSAROP, RUDY R 10481 S.W. 78 STREET MIAMI FL 33173				31	Name	(D.O. Barris Not An	aantabla)		
				32	Street Addre	ess (P.O. Box Number is Not Acceptable)			
			'	33					
				34	City		F	L	Code .
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	ites, the abo authorized to orida Statut	ove- by ti es.	-named corpo he corporation	ration submits this statement for n's board of directors. I hereby a	r the purpose accept the app	of changing it pointment as i	s registered egistered
SIGNATURE	Signature, typed or printed name of registered ag		E- Registered A	cent	signature required	when reinstation)	DATE		
12.		ND DIRECTORS	13.	Aenr	signature required	ADDITIONS/CHANGES TO		AND DIRECT	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITL	E		7,0011101101010111111111111111111111111		Change	
NAME	RAMSAROOP, RUDY R		1.2 NAM	ľ					
STREET ADDRESS	45 45 4 5 44 5 5 5 5 5 5 5 5 5 5 5 5 5		1.3 STR	EET /	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		1.4 CiTY	/-ST-	-ZIP				
TITLE		☐ DELETE	2.1 TITL					☐ Change	Addition
NAME			2.2 NAM	Æ					
STREET ADDRESS			2.3 STR	EET/	ADDRESS				
CITY-ST-ZIP			2. 4 CIT	Y-ST	-ZIP				
TITLE -		- DELETE	3.1 TITL	E		• •	• •	- Change	Addition
NAME			3.2 NAM	ΙE					
STREET ADDRESS			3.3 STR	EET/	ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TITL	E				Change	☐ Addition
NAME	†	•	4. 2 NA	νtΕ					
STREET ADDRESS			4.3 STR	EET/	ADDRESS				
CITY-ST-ZIP	}		4.4 CIT)	(-ST-	-ZIP				
TITLE		☐ DELETE	. 5.1 TITL	E				☐ Change	Addition
NAME			5.2 NAM	ŧΕ					
STREET ADDRESS			5.3 STR	EET/	ADDRESS				
OFF OF 710	1		5.4 CITY	/- ST-	-ZIP				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition