

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000045705 (7)**

1. Corporation Name

THE WALL ENTERTAINMENT, INC.



Principal Place of Business

**1680 MICHIGAN AVE.
#908
MIAMI BEACH FL 33139**

Mailing Address

**1680 MICHIGAN AVE.
#908
MIAMI BEACH FL 33139**

2. Principal Place of Business

21 **7401 NW 8th STREET**

Suite, Apt. #, etc.

22 **" H "**

City & State

23 **MIAMI, FL**

Zip

24 **33126**

Country

25 **USA**

2a. Mailing Address

26 **7401 NW 8th STREET**

Suite, Apt. #, etc.

27 **" H "**

City & State

28 **MIAMI, FL**

Zip

29 **33126**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**LOPEZ, ROBERTO
1680 MICHIGAN AVE.
#908
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

4. FEI Number

65-0587379

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8267 NW 7th STREET

83

84 City **MIAMI**

FL

85 Zip Code

33126

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 of person submitting this report (must be typed)

Signature of Agent (must be printed name of agent)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PVST	☐ DELETE
2. NAME	LOPEZ, ROBERTO	
3. STREET ADDRESS	8285 N.W. 7TH ST.	
4. CITY-STATE-ZIP	MIAMI FL 33126	
5. TITLE	D	☐ DELETE
6. NAME	LOPEZ, ROBERTO	
7. STREET ADDRESS	8285 N.W. 7TH ST.	
8. CITY-STATE-ZIP	MIAMI FL 33126	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	8267 NW 7th STREET
1.4 CITY-STATE-ZIP	MIAMI, FL 33126
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	8267 NW 7th STREET
2.4 CITY-STATE-ZIP	MIAMI, FL 33126
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information included 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 included on an attachment with an address.

SIGNATURE:

ROBERTO LOPEZ / PRESIDENT 02/09/96 (305) 267 3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (12/95)