

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 # P95000050871 (9)

1. Corporation Name

THE NINETY MILES FILM COMPANY



Principal Place of Business

2455 SOUTHWEST 102 PLACE
MIAMI FL 33165

Mailing Address

2455 SOUTHWEST 102 PLACE
MIAMI FL 33165

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

NEW CORP.

4. FEI Number

65-0593651

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

OLLER, RAFAEL
2455 SOUTHWEST 102 PLACE
MIAMI FL 33165

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

Signature of Registered Agent (print name and title)

Signature of Registered Agent (print name and title)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PRESIDENT
RAFAEL OLLER
2455 SW 102 PLACE
MIAMI, FL 33165

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY- ST- ZIP

3. TITLE
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6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY- ST- ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL OLLER

(305) 955-2153

CR2E034 (12/95)