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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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appears in Block 12 or Block 13 if changed or on an atta

SIGNATURE AND TYPED OR

SIGNATURE:

DE NINO STUDIO INC.

Mailing Address Principal Place of Business 10332 ISLANDER DR 10332 ISLANDER DR BOCA RATON FL 33498-6308 **BOCA RATON FL 33498** 3a. Date of Last Report 3. Date Incorporated or Qualified 10/09/1995 02/15/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0615547 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 23 28 Trust Fund Contribution Country $Z_{\rm IP}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 💹 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DE NINO, PHILIP E PHILIP E DE NINO 10332 ISLANDER DR 82 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL 33498 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 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, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE T Change Addition TOTLE D 1.1 TOTAL DE NINO, PHILIP E NINO, PHILIP E 2E034 NAME 1.2 NAME DE 10332 ISLANDER DR 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 1.4 CITY-ST-ZIP CITY - S1 - ZIE DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TIT: F TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE FITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CHY-SI-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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