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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

P95000080257 (5) DOCUMENT #

1. Corporation Name

STUDIO FINEMAN, INC.



Principal Place of E		Mailing Address						
Principal Place of Business 7521 SOUTHWEST 57TH TERRACE MIAMI FL 33143		7521 SOUTHWEST 57TH TERRACE						
		MIAMI FL 33143		3. Date incorporated or Qualified 10/18/1995	3a. Date of La	ast Repor	t	
		2a, Mailing Address			4. FEI Number			lied For
2. Principal Place	of Business	26. Mainly Address			65-06/492		L <u></u>	Applicable
1	A_	Suite, Apt. #, etc.			5. Certificate of Status Desired	F 1 -	8.75 Ad Fee Red	
Suite, Apt. #, @	:BG.	27		····				·
City & State		City & State			6. Election Campaign Financing	1 1	55.00 N Added to	•
3		28			Trust Fund Contribution 8. This corporation has liability for			
Ziρ	Country	Zip	Country		Florida Statutes Yes	No No		
4	25	29	[30]		10. Name and Address of New	Registered Age	nt	
	9. Name and Address of Curr	ent Registered Agent	81	Name				
			82	Chroat Addr	ress (P.O. Box Number is Not Accepta	ble)		
ZIEGLER, S. HARVEY ESO			62	Stiedt Addi	655 (1.0.1.2.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.			
370 MINO			63					
SUITE 21	ABLES FL 33134		84	City		FL	5 Zip C	Code
			\ \		ration submits this statement for the pard of directors. I hereby accept the ap		no its rea	istered office
familiar with,	and accept the obligations of, S	, (100 Teles 100	SHÉ Ri çe terre Ağeri		ration submits this statement for the partial differences. Thereby accept the appropriate resistance.	(M)6		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	TICERS AND DI	Change	Addition
	PD	☐ DELETE	ែ ។ "អេម				-	
TITLE NAME	FINEMAN, MICHAEL B		1.2 NAME				-	
TITLE	PD FINEMAN, MICHAEL B 7521 SOUTHWEST 57TH		1.2 NAMS 1.3 SHEELT			LJ .	-	
TITLE NAME	FINEMAN, MICHAEL B	TERRACE	12 NAME 13 SHEEL 14 CHY-S					☐ Add:tion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FINEMAN, MICHAEL B 7521 SOUTHWEST 57TH	TERRACE	1.2 NAMS 1.3 SHEELT 1.4 C-1Y-S 2.1 THEE 2.2 NAMS 2.3 STREET 2.4 CITY-S 3.1 THEE 3.2 NAMS 3.3 STREET	1-ZIP ACORESS ST. ZIF L'ALIDRESS			Change	
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certify that the information indicated on this amount 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 trie conjugation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my rume appears in Block 12 or Block 13 if changed, or on an attainment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Lington City and R