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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000031140 (2)

C N STUDIOS, INC.					
Principal Place of Business	Mailing Address		1 (66)/66) 110 (81)/6 81)/1 36)/1 96//1 00//1	83600 (3386 1188) 11816 838 	A 8011 1891
3470 SW 112 PLACE MIAMI FL 33165	3470 SW 112 PLACE MIAMI FL 33185-3425				
			3. Date Incorporated or Qualified 04/04/1996	3a. Date of Last F	leport
2. Pancipal Place of Business	2a. Mailing Address		4. FEI Number		oplied For
21	26	i .	65-030F3P.	<u></u>	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State	City & State		6. Election Campaign Financing		equired May Be
23	28		Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s	. 199.032,
24 25	29	30		Yes X No	
9, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
NUNEZ, CONRAD		la idame			
3470 SW 112 PLACE		<b>B2</b> Street Add	iress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33165		83			
		84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the p	urnose of changing i	ts registered
office or registered agent, or both, in the St agent I am lamiliar with, and accept the ob-	ate of Florida. Such change wa Higations of, Section 607,0505,	s authorized by the corpora Florida Statutes.	ation's board of directors, I hereby accep	t to appointment do	
office or registered agent, or both, in the Stagent Tam familiar with, and accept the ob- SIGNATURE  5 10 to take to each trace of registrate  12. OFFICERS		s authorized by the corpora Florida Statutes.  OTE: Registered Agent signature requ		DATE	
SIGNATURE Superior general rates of registrated   12. OFFICERS of   INTERMEDIATE SUPERIOR OF STREET OF STR	Lagent and title if sopticable (N	OTE: Registered Agent signature requ	uirad when reinstating)	DATE	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/54 (305) 221-6769

**FILED** 

Apr 04 1997 8:00am

Secretary of State

0222650