

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000031892 (8)**

1. Corporation Name  
**CINECRAN U.S.A., INC.**



Principal Place of Business: **888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316**

Mailing Address: **888 S.E. THIRD AVE. SUITE 400 FT. LAUDERDALE FL 33316-1181**

3. Date Incorporated or Qualified: **04/11/1996**

3a. Date of Last Report

4. FEI Number: **59-3379458**

5. Certificate of Status Desired:  Applied For  Not Applicable

6. Election Campaign Financing:  **\$8.75 Additional Fee Required**

7. 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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address: **7800 W. OAKLAND PARK**

27. Suite, Apt. #, etc.: **BLVD BLDG "G"**

28. City & State: **SUNRISE FL**

29. Zip: **33351**

30. Country: **USA**

9. Name and Address of Current Registered Agent

**BEHAR, LARRY J  
888 S.E. THIRD AVENUE  
SUITE 400  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name: **REJEAN LAPIERRE**

82. Street Address (P.O. Box Number is Not Acceptable): **7800 W. OAKLAND PARK BLVD**

83. **BLDG "G"**

84. City: **SUNRISE**

85. Zip Code: **FL 33351**

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]* DATE: **3/25/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JEAN PAIEMENT</b>	
STREET ADDRESS	<b>835 SANDLAKE RD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JEAN PAIEMENT</b>	
1.3 STREET ADDRESS	<b>835 SANDLAKE RD</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO FL 32809</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/25/97** TIME: **951-749-8802**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)