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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P96000050808 (0)**

1. Corporation Name
CINELA CORP.

Principal Place of Business	Mailing Address
814 PONCE DE LEON BLVD. **SUITE 505** **CORAL GABLES FL 33134**	**814 PONCE DE LEON BLVD.** **SUITE 505** **CORAL GABLES FL 33134-3035**

3. Date Incorporated or Qualified: **06/13/1996**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6175 N.W. 167 Street	26 c/o Ernesto Sanchez
Suite, Apt. #, etc. 22 # G-12	Suite, Apt. #, etc. 27 814 Ponce de Leon Blvd, 505
City & State 23 Miami, Florida	City & State 28 Coral Gables, Florida
Zip / Country 24 33015 / 25 USA	Zip / Country 29 33134 / 30 USA

4. FEI Number: 65-0680030 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANCHEZ, ERNESTO PA **814 PONCE DE LEON BLVD.** **SUITE 505** **CORAL GABLES FL 33134**	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SPIELBERGER, NICOLAS ~~155 S. PALMETTO PARK RD.~~ ~~BOCA RATON FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 153 E. Palmetto Park Rd. Boca Raton, Fl. 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SZEGO, ALEXANDER ~~153 S. PALMETTO PARK RD.~~ ~~BOCA RATON FL~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 153 E. Palmetto Park Rd. Boca Raton, Fl. 33432
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS VAINSTEIN, SIMON ~~153 S. PALMETTO PARK RD.~~ ~~BOCA RATON FL~~ ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 6175 N.W. 167th St., G-12 Miami, Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: ✓ E. Vainstein 2-13-97 305 557-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #