

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

FILED

Feb 28 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 # P96600077551
1. Corporation Name

STUDIO GALA, INC.

Principal Place of Business

Mailing Address

14758 SW 60th.
Miami, FL 33193.

3. Date Incorporated or Qualified

9/18/96

3a. Date of Last Report

2. Principal Place of Business

21 35 NW 37 Avenue

2a. Mailing Address

22 Suite Apt. # etc.

26 Suite Apt. #, etc.

23 City & State

Miami Florida

27 City & State

24 Zip

25 Country

33125

USA

29 Zip

30 Country

4. FEI Number

05-0695006

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

Zamora, Jorge F.
14758 SW 60th
Miami, FL 33193

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

[Signature]

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

DP Zamora Jorge F

14758 SW 60 ST

Miami, FL 33193

12.2 NAME

DV Mesa Santiago

P.O. Box 114602

Miami, FL 33111-4602

12.3 NAME

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

12.13 NAME

12.14 NAME

12.15 NAME

12.16 NAME

12.17 NAME

12.18 NAME

12.19 NAME

12.20 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

100002101951
-03/03/97--01026--003
***165.00

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