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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078325 1. Corporation Name

CON TEMPO STUDIOS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

12353 SW 132ND COURT MIAMI FL 33186

Principal Place of Business

12353 SW 132ND COURT MIAMI FL 33186

3. Date Incorporated or Qualifed

09/20/1996

4. FEI Number

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90019 036 ***150.00



DO NOT WRITE IN THIS SPACE

Za. Maning Address						4. FEI Number			A	pplied For	٦,
Suite, Apt. #, etc.						65-072026	5	· .		lot Applicable	,
2 27						5. Certificate of S	tatus Desired		\$8.75	Additional Required	7
City & State City & State						6. Election Camp	aign Financing				\dashv
3 Zip	Zip Country Zip				<u> </u>	Trust Fund Co	ntribution		Added	May Be to Fees	
25 29 29 9. Name and Address of Current Registered Agent					•	8. This corporation	on owes the curr	ent year inta	angible		7
						Personal Property Tax. Yes No					-
	5. Name and Address of Culter Re	gistered Agent	·	81		10. Name and Ad	dress of New R	egistered /	\gent]
MIAMI CORPORATE SYSTEMS, INC.					Name	•					7
5200 BLUE LAGOON DRIVE STE 700				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
MIAMI FL 33126						A TREAT HOME ALL COMPANIES COMPANIES CONTRACTOR CONTRACTOR					
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1. Pursuant	to the provisions of Sections 607.0502 and	607.1508, Florida Statu	tes, the al	bove	-named corno	ration submits this et	atomost for the		<u> </u>		4
agent. I a	to the provisions of Sections 607.0502 and registered agent, or both, in the State of Fil im familiar with, and accept the obligations	orida. Such change was a	uthorized	by t	he corporation	's board of directors	hereby accept	the appoin	nanging its Iment as re	registered aistered	
		UI, 3601011 607.0305, FR	inda Stati	utes.						g	ł
IGNATURE	Signature, typed or printed name of registered agent and t	itle if applicable (\$10.75	- B					:			
2.	OFFICERS AND DI			Agent	signature required v	when reinstating)		DATE			∫ ຂ
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I hereby ce	rtify that the information supplied with the	filing days and accept to	6.4 CITY								
indicated o officer or di Block 12 or	rtify that the information supplied with this n this annual report or supplemental annual rector of the corporation or the receiver or Block 13 if changed, or on an attachment	illing does not qualify for il report is true and accura- trusfee empowered to ex- with an address, with all	the exemplate and the ecute this other like	ption nat m repo empo	stated in Sect by signature short as required owered.	tion 119.07(3)(i), Flor hall have the same led by Chapter 607, Flo	ida Statutes. I fu gal effect as if m rida Statutes; ar	rther certify ade under o d that my n	that the inf ath; that I a ame appea	ormation am an ars in	