

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90086 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Morris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000100961

1. Corporation Name  
 SPANISH FILMS DISTRIBUTORS, INC.

Principal Place of Business Mailing Address  
~~1390-Brickell-Avenue~~ ~~1390-Brickell-Avenue~~  
~~Suite-200~~ ~~Suite--200~~  
~~Miami, FL--33131~~ ~~Miami, FL--33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 12/13/1996

4. FEI Number  
 65-0758501 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 1200 Brickell Avenue 26 1200 Brickell Avenue  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Suite 900 27 Suite 900  
 City & State City & State  
 23 Miami, Florida 28 Miami, Florida  
 Zip Country Zip Country  
 24 33131 25 USA 29 33131 30 USA

9. Name and Address of Current Registered Agent  
 GINN, LOURDES B.  
 1390-Brickell-Avenue, Suite-200  
 Miami, FL--33131

10. Name and Address of New Registered Agent  
 81 Name  
 AGIM Registered Agents, Inc.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1200 Brickell Avenue, Suite 900  
 83 RRA  
 84 City  
 Miami FL 85 Zip Code  
 33131

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 Robert R. Adams, Pres., AGIM Registered Agents, Inc.  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Ginn, Lourdes B.
STREET ADDRESS	1390-Brickell-Avenue, Suite-200
CITY-ST-ZIP	Miami, FL--33131
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	D-P-S-T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lascurain Arrigunaga, Maria Gabriela
1.3 STREET ADDRESS	c/o 1200 Brickell Avenue, Suite 900
1.4 CITY-ST-ZIP	Miami, Florida 33131
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 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, with all other like empowered.

SIGNATURE: *Lascurain* Maria Gabriela Lascurain Arrigunaga 3/25/99 (305) 416-6800  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)