

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-04-1999 90086 048 ***150.00

DOCUMENT # P96000100961

1. Corporation Name

SPANISH FILMS DISTRIBUTORS, INC.

Principal Place of Business

1390-Brickell-Avenue
Suite-200
Miami, FL-33131

Mailing Address

1390-Brickell-Avenue
Suite-200
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

21 1200 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Miami, Florida

Zip - Country

24 33131 25 USA

2a. Mailing Address

26 1200 Brickell Avenue

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Miami, Florida

Zip - Country

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME GINN, LOURDES-B.
STREET ADDRESS 1390-Brickell-Avenue, Suite-200
CITY-ST-ZIP Miami, FL-33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-P-S-T ☐ Change ☒ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

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)