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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800068806

1. Corporation Name

SOUTH BEACH SCREENINGS, INC.

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90015 003 \*\*\*150.00



Principal Flace	e of Business	Mailing Address				i tildtelbat tild tåtrår statet datte datte datte datte datte jaset jaset jaset gastin pytt jaget
940 LINCOLN RD MALL, STE 204 940 LINCOLN RD MALL, STE			STE 204	204		
MIAMI BEACH FL 33139-2610 MIAMI BEACH FL 33139-2610						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						·
2 Delmaras D	Inno of Business	2a. Mailing Address				08/04/1998 4. FELNumber Applied For
<u> </u>			g Address			65-0856152 No. Applicable
21     26       Suite, Apt. #, etc.   Suite, Apt. #			t # etc			\$8.75 Additional
-	#, 8tc.	27	-m			5. Certificate of Status Desired Fee Required
City & State	<u> </u>		City & State			6. Election Campaign Financing \$5.00 May Be
23	•	<del></del>	28			Trust Fund Contribution Added to Fees
Zip Country		Zip	<del></del>			8. This corporation owes the current year intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curr	<del></del>		Γ		10. Name and Address of New Registers d Agent
<del></del>				81	Name	
	I, JULIO A			82	Street A	Acdress (P.O. Box Number is Not Acceptable)
940 LINCOLN RD MALL, STE 204				02	SHEELA	na diese (r
MA	WI BEACH FL 33139-2610			83		
						05 7- C-d-
ĺ				84	City	FL 85 Zip Code
office crr	to the provisions of St ctions 607.0 egistered agent, or bo h, in the Stam familiar with, and accept the obli	te of Florida. Such change wa	is nuthorized	i by	the corpor	ocrporation submits this statement for the purpose of changing its registered are tion's board of cirectors. I hereby accept the approintment as registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (N	OTI:: Registered	Agen	t signature red	quired when reinstating) DATE
12.		ANT: DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	. 1†Π	ΙLΕ	1	☐ Change ☐ Addition
NAME	NERI, JULIO A		1.2 NA	ME	i	
STREET ADDRESS	400 SOUTH POINT DR, #14	09	1357	REET	ADDRESS	· ·
CITY-ST-ZIP	MIAMI BEACH FL 33139		14 CI	TY-ST	r-ZIP	
πιε	D	DELETE	2.1 Ti	ILE		Change Addition
NAME	INFIESTA, MARIA CRISTINA	,	2.2 N	ME	1	
STREET ADDRESS	940 LINCOLN RD MALL, STE		2.3 \$1	REET	ADDRESS	
-CITY-ST-ZIP -	MIAMI BEACH FL 33139-261		2.4 C		T-ZIP	
TITLE		☐ DELETE	1		ļ	☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS			3.3 S1	REET	ADDRESS	
CITY-ST-ZIP			3.4. C		T-ZIP	
TITLE		☐ DELETE	H			Change Addition
NAME			4. 2 N		}	
STREET ADDRESS			4.3 \$1	REET	ADDRESS	,
CITY-ST-ZIP			4 4 CI		r-ZIP	
TITLE		☐ DELETE			İ	Change Addition
NAME			5.2 NA		}	'
STREET ADDRES					ADDRESS	
CITY-ST-ZIP			5.4 Cl		r-ZIP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME	E		6.2 N	ME		
STREET ADDRESS			6357	REET	ADDRESS	
CITY-ST-ZIP			6.4 Cl	TY-S1	r-ZIP	

14. I hereby certify that the informatic n supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 uncer 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 in on an attachn ent with an address, with all other like empowered.

SIGNATURE: