

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:15

DOCUMENT # **S06755** (0)

1. Corporation Name
GREENWICH STUDIO, INC.

Principal Place of Business Mailing Address
12100 NE 16TH AVE. NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/15/1990** 3a. Date of Last Report **07/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0222683		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINHARD, SANFORD N. 2875 N.E. 191 STREET SUITE 404 NORTH MIAMI BEACH FL 33180				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVAN ADAMS	1.2 NAME	
STREET ADDRESS	4141 RUE SHERBROOQUE OVEST-STE. 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Sylvan Adams* **SYLVAN ADAMS** (X) 2/16/95 (X) 899-9967
(Signature, typed or printed name of signing officer or director) Date (Typed Name)

LUNDY & SHACTER, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

150 NW 168TH STREET • SUITE 300 • NORTH MIAMI BEACH, FLORIDA 33169 • (305) 653-3600. BWD. 463-7150
FAX (305) 653-3607

RICHARD LUNDY, C.P.A.
BARRY S. SHACTER, C.P.A.

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Greenwich Studio, Inc c/o Sylvan Adams
4141 rve Sherbrooke ouast
Suite # 400
Montreal Quebec H3Z 1B8

1/27/95

YEAR: 1995

TAX RETURNS: CORPORATION ANNUAL REPORT

DUE DATE: 5-1-95

TAX DUE: \$ 200 - PAYABLE TO DEPARTMENT OF STATE

SIGNATURES: ONE OF THE OFFICERS OF THE CORPORATION

MAILING

INSTRUCTIONS: THE RETURN SHOULD BE MAILED TO:

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS
CALLER SERVICE #1500
TALLAHASSEE, FLORIDA 32302-1500

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

COPY: RETAIN FOR YOUR FILES

PLEASE NOTE: IF YOU HAVE ALREADY FILED THE FORM FOR THE ABOVE YEAR, THEN IGNORE THIS MAILING AND SEND US A COPY FOR OUR RECORDS.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Scott H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06755 (0)

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3. Date Incorporated or Qualified **10/15/1990** 3a. Date of Last Report **07/29/1994**

2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21	26	65-0222683	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status (Director)	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Director Campaign Finances	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Not First Contributor	
Zip	Country	29	30
24	25	28	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**REINHARD, SANFORD N.
2875 N.E. 191 STREET
SUITE 404
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address, P.O. Box (Businesses Not Acceptable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.0100 and 607.1100, 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 Agent or Florida agent of registered agent and fee (if applicable)

Signature Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVAN ADAMS	2. NAME	
STREET ADDRESS	4141 RUE SHERBROOORE OVEST-STE. 400	3. STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	4. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true and correct for the information stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is true and correct. I guarantee 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto, as applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

TAXPAYERS COPY