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

RROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	no wi	DIVISION	F CORPORAT	IONO				
DOCU	MENT #	S50326	(5)						
'	CUMBE VISUA	LS, INC.							
Principa' Place	of Business	M	airing Address			I HODINDHO IBI BARA DDHAD INHB I	HOLD BILL DIQU	Dieli Elbii e	
	201 SOUTH BISCAYNE BLVD.		201 SOUTH BISCAYNE BLVD.						
SUITE 1403 MIAMI FL :			Suite 1402 Miami Fl 33131						
			minmi 1 L 90191			3. Date Incorporated or Qualified		e of Last F	
2 Principal Pt	ace of Business	T.a.	No. 11 A state			05/03/1991		03/22/1	995
1	era Or Ditis 1655	26	Mailing Address			4. FEI Number 65-0263651			Applied For
Saile, Apt	#, els.		Suite, Apt. #, etc.						Not Applicable 5 Additional
•}		27				5. Certificate of Status Desired			Required
City & State	4	15.3	City & State			6. Election Campaign Financing		\$5.0	0 May Be
3 	Cou	28	Ζ _I ρ	Countr		Trust Fund Contribution			d to Fees
4	25	29	2 14	30	у	8. This corporation has liability for Florida Statutes Yes		ax under s	199.032,
	9. Name and Ad	dress of Current Regis	tered Agent			10. Name and Address of New I		Agent	
				8	1 Name				
	LLA, JUAN C.			82	2 Street Add	iress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	·
	OUTH BISCAYNE I	BLVD.							
SUITE				83	3				
	EL 33131			-					ip Code
MIAMI	00 , 0 ,			84	City		1	85 Z	p code
11. Pursuant t	o the provisions of Se	actions 607.0502 and 60 the State of Florida, Such ligations of, Section 607.0	7.1508, Florida Statu i change was authori 0505, Florida Statute	tes the above	named corro	oration submits this statement for the pu ard of directors. I hereby accept the app	FL irpose of chi pointment as	•	
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oath, that I am an officer or director of the corporation of 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 of 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 d langed, or on all attachment with an address.

SIGNATURE: V

SIGNATURE AND TYPE ED NAME OF SIGNING OFFICER OR DIRECTOR 2-29-96 (305)664-5021

OLLE, MACAULAY & ZORRILLA, P.A.

ATTORNEYS AT LAW

201 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 83131

(305) 358-9200 TELECOPIER (305) 358-9617

March 1, 1996

Division of Corporations Annual Reports Caller Service #1500 Tallahassee, Florida 32302-1500

Matecumbe Visuals, Inc.

Gentlemen:

Enclosed for filing with the Division of Corporations is the 1996 Annual Report for the captioned company. Also enclosed is a check in the amount of \$200.00 made payable to the Florida Department of State to cover the required filing fee.

Please acknowledge receipt of this filing by stamping the enclosed copy of this letter and return the same to me in the enclosed self-addressed, stamped envelope.

Sincerely,

Margaret O'D. Ryder Legal Assistant

MODR

Enclosures

cc: Esad Cicic (w/enc)