

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S50326** (5)

1. Corporation Name

MATECUMBE VISUALS, INC.



Principal Place of Business

**201 SOUTH BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131**

Mailing Address

**201 SOUTH BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131**

3. Date Incorporated or Qualified
05/03/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0263651

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZORRILLA, JUAN C.
201 SOUTH BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature typed or printed name of registered agent and the, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME: **DPST
CICIC, ESAD**
STREET ADDRESS: **313 JEROME AVE**
CITY-ST-ZIP: **ISLAMORADA FL**

12.2 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

12.3 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

12.4 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

12.5 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

12.6 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

12.7 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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)(k), 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96 (305) 664-5021

Date

Daytime Phone #

CR2E034 (12/95)

850326

OLLE, MACAULAY & ZORRILLA, P.A.

ATTORNEYS AT LAW
1402 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 358-9200
TELECOPIER (305) 358-9617

March 1, 1996

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

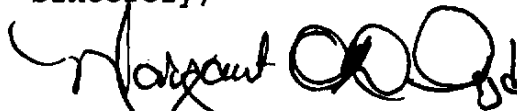
Matecumbe Visuals, Inc.

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,

A handwritten signature in black ink, appearing to read "Margaret O'D. Ryder", followed by three large, stylized loops.

Margaret O'D. Ryder
Legal Assistant

MODR

Enclosures

cc: Esad Cicic (w/enc)