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 # **S70093** **(7)**

1. Corporation Name

IAS FILM CORPORATION

Principal Place of Business
2875 N.E. 191 ST.
STE.#837
AVENTURA FL 33180
US

Mailing Address
2875 N.E. 191 ST.
STE.#837
AVENTURA FL 33180
US

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0284672 — 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

2. Principal Place of Business
21 3875 NE 191 St.
Suite, Apt. #, etc. 22 #605
City & State 23 Aventura, Fl
Zip 24 33180 Country 25 USA

2a. Mailing Address
26 3875 NE 191 St.
Suite, Apt. #, etc. 27 #605
City & State 28 Aventura, Fl
Zip 29 33180 Country 30 USA

9. Name and Address of Current Registered Agent

USHER BRYN
2875 NE 191ST ST.
SUITE 802
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name: Sanford N. Reinhard, P.A. /Cheryl Hochberg
82 Street Address (P.O. Box Number is Not Acceptable): 2875 N.E. 191st Street
83 Suite 404
84 City: N. Miami Beach FL 85 Zip Code: 33180

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: Cheryl D Hochberg, Esq. — Signature (type or print name of individual) (with Registered Agent signature required if applicable) — DATE: 3/22/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHUBER, ELIEZER	
STREET ADDRESS	3794 NE 209TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	ZELCER, LEONOR SUSANA	
STREET ADDRESS	3749 NE 209TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	700001829847	
5.3 STREET ADDRESS	-05/20/96--01056--044	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: /Eliezer Shuber — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/25/96 — Daytime Phone #: (305) 937-5118

CR2E034 (12/95)