**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 # **V36392** **(1)**

1. Corporation Name
**COPYRIGHT ADMINISTRATION INC.**

Principal Place of Business
**2782 NW 79TH AVE.**
**MIAMI FL 33122-1067**

Mailing Address
**2782 NW 79TH AVE.**
**MIAMI FL 33122-1067**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
**05/15/1992**

3a. Date of Last Report
**11/06/1995**

4. FEI Number
**65-0340608**
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
**JURE, JORGE A.**
**2782 NW 79TH AVE.**
**MIAMI FL 33122-1067**

10. Name and Address of New Registered Agent
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 Section [illegible] Florida Statutes, [illegible] for the purpose of changing its registered office or registered agent, or both, in the State of Florida, [illegible] the corporation's current officers, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DP | ☐ DELETE |
| NAME | JORGE, JURE A. | |
| STREET ADDRESS | 10300 NW 9 CIR. ST. #106 | |
| CITY, ST, ZIP | MIAMI FL | |
| TITLE | DV | ☐ DELETE |
| NAME | CALDIROLA, BEATRIZ M. | |
| STREET ADDRESS | 10300 NW 9 CIT. ST. #106 | |
| 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

| | | |
|---|---|---|
| 11 TITLE | ☐ Change | ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY, ST, ZIP | | |
| 21 TITLE | ☐ Change | ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY, ST, ZIP | | |
| 31 TITLE | ☐ Change | ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY, ST, ZIP | | |
| 41 TITLE | ☐ Change | ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY, ST, ZIP | | |
| 51 TITLE | ☐ Change | ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY, ST, ZIP | | |
| 61 TITLE | ☐ Change | ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY, ST, ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein [illegible] Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report [illegible] Section 607.0120, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (305) 639-2525
DATE TELEPHONE