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 MAY -1 PM 1:59

DOCUMENT # V48961 (9)

1. Corporation Name
MILANA PRODUCTIONS UNLIMITED, INC.

Principal Place of Business	Mailing Address
7355 N.W. 41ST STREET MIAMI FL 33166	7355 N.W. 41ST STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 07/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0345148 ☐ 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

FRANK, MILANA
7355 N.W. 41ST STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: BEAMON, MILANA
82 Street Address (P.O. Box Number is Not Acceptable): 7355 NW 41 STREET
83: MIAMI
84 City: FL 85 Zip Code: 33166

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: MILANA W. BEAMON 18 January 95
Signature, typed or printed name of registered agent and date. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1 1 TITLE	CEO ☐ Change ☐ Addition
NAME	FRANK, MILANA W	1 2 NAME	BEAMON, MILANA W.
STREET ADDRESS	7355 N.W. 41ST STREET	1 3 STREET ADDRESS	7355 N.W. 41 STREET
CITY-ST-ZIP	MIAMI FL 33166	1 4 CITY-ST-ZIP	MIAMI, FLORIDA 33166
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, JOYE M.D.	2 2 NAME	
STREET ADDRESS	11313 KNOTWAY	2 3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	**REMITTED BY MAY 1**
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)(i), 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: 18 January 95 (305) 470-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MILANA WALTER BEAMON

0102231 CP