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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50533

1. Corporation Name OCEAN VU STUDIO, INC. Mailing Address Principal Place of Business 250 CATALONIA AVE 250 CATALONIA AVE' DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 CORAL CABLES, FL 33134 3. Date Incorporated or Qualifed 07/14/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business SW 8 St <u> 5825</u> Not Applicable 5825 8 St. 65-0340256 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 2nd 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees Miani 28 23 Country 8. This corporation owes the current year Intangible J.S.A D/No. 45A ☐ Yes Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIPERSIA, VICTOR Street Address (P.O. Box Number is Not Acceptable) 800 W AVE. #338 MIAMI BCH. FL 33139 83 85 Zip Code 84 City 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, or both, or 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 agree the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Addition DELETE 1.1 TITLE ☐ Change TITLE DIPERSIA, VICTOR 1.2 NAME NAME 1.3 STREET ADDRESS 800 W AVE. #338 STREET ADDRESS MIAMI BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE claudio Di Persia BALBIS, MARIA L. NAME 2195 secoffee St Coconut Grove FL 33133 1915 BIRCKELL AVE. PH 8 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition -- DELETE 3.1 TITLE TITLE--NAME 3.2 NAME

14. I hereby certify that the information supplied with this filing 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 suppliemental and all report is five 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 received or trustee empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an agreement with an address, with all of the rike expowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 T/TLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

305-266-1961

Change

Change

☐ Change

Addition

☐ Addition

Addition