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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000005282 (8)

1. Corporation Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45, INC.



Principal Place of Business

Mailing Address

134 CAMILO AVE.
CORAL GABLES FL 33134

134 CAMILO AVE.
CORAL GABLES FL 33134-7229

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Same AS ABOVE

26 Same AS ABOVE

4. FEI Number

58-2470052 65-0537325

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELVECCHIO, RICHARD A.
134 CAMILO AVE.
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Richard DelVecchio*
Signature, typed or printed name of registered agent and title if applicable

RICHARD DELVECCHIO Pres. 4/18/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D DELETE
NAME DELVECCHIO, RICHARD
STREET ADDRESS 134 CAMILO AVE.
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S/D DELETE
NAME SILVER, JEFF
STREET ADDRESS 142224 SW 153 TERR.
CITY-ST-ZIP MIAMI FL 33177

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T/D DELETE
NAME HALL, DAVID
STREET ADDRESS 10200 S.W. 37TH ST.
CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V/D DELETE
NAME SIERRA, JOSE
STREET ADDRESS 4101 S.W. 95 ST.
CITY-ST-ZIP MIAMI FL 33165

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T/D DELETE
NAME SCHNAGER, DONALD
STREET ADDRESS 229 SW 11 ST.
CITY-ST-ZIP MIAMI FL 33130

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard DelVecchio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/97 (305) 856-7500 Daytime Phone # 0027075

CR2E037 (9/96)