

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90213 044 ****70.00

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005282

1. Corporation Name

INTERNATIONAL BROTHERHOOD OF MAGICIANS, RING 45, INC.

Principal Place of Business

8961 SW 150TH CT CIR W
MIAMI FL 33196
US

Mailing Address

8961 SW 150TH CT CIR W
MIAMI FL 33196
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/25/1994

4. FEI Number

65-0537325

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

9. Name and Address of Current Registered Agent

DELVECCHIO, RICHARD A.
8961 SW 150TH CT CIR W
MIAMI FL 33196

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 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, on 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

Signature, typed or printed name of registered agent and title if applicable.

Richard A. DelVecchio

4/12/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME DELVECCHIO, RICHARD
STREET ADDRESS 8961 SW 150TH CT CIR W
CITY-ST-ZIP MIAMI FL 33196

TITLE DELETE

NAME SILVER, JEFF
STREET ADDRESS 14224 SW 153 TERR.
CITY-ST-ZIP MIAMI FL 33177

TITLE DELETE

NAME HALL, DAVID
STREET ADDRESS 10200 S.W. 37TH ST.
CITY-ST-ZIP MIAMI FL 33134

TITLE DELETE

NAME SIERRA, JOSE
STREET ADDRESS 4101 S.W. 95 ST.
CITY-ST-ZIP MIAMI FL 33165

TITLE DELETE

NAME SCHNAGER, DONALD
STREET ADDRESS 229 SW 11 ST.
CITY-ST-ZIP MIAMI FL 33130

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Vice Pres. / Director Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Secretary / Director Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Treasurer / Director Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE President / Director Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE (REQUIRED) Del Vecchio, R.A. 4/12/99 (305) 856-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0060631