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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000005250 (2)
1. Corporation Name
STAGEONETHEATRE, INC.



Principal Place of Business: 6789 BISCAYNE BLVD MIAMI FL 33138
Mailing Address: 6789 BISCAYNE BLVD MIAMI FL 33138

3. Date Incorporated or Qualified: 09/15/1997
4. FEI Number: Applied For, Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: HJOLER, CHARLES F, 6789 BISCAYNE BLVD, MIAMI FL 33138

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President - (D)
NAME	Charles Pooler	1.2 NAME	Charles Pooler
STREET ADDRESS	6789 Biscayne Blvd	1.3 STREET ADDRESS	6789 Biscayne Blvd
CITY-ST-ZIP	Miami, FL 33138	1.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	VIP, Treasurer	2.1 TITLE	V.P. Treasurer (D)
NAME	TERESA POOLER	2.2 NAME	Teresa Pooler
STREET ADDRESS	940 NE 74th	2.3 STREET ADDRESS	940 NE 74th
CITY-ST-ZIP	Miami, FL 33138	2.4 CITY-ST-ZIP	Miami, FL 33138
TITLE		3.1 TITLE	Director
NAME		3.2 NAME	Maureen Pooler
STREET ADDRESS		3.3 STREET ADDRESS	940 NE 74th
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33138
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ 1-3-97 (305-757-541)

CR2E037 (10/97)