

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1996



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

AMENDED

FILED

96 NOV 25 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # *P96000069392*
 1. Corporation Name
MADE 4 Film, Inc.

Principal Place of Business Mailing Address *Same*
12400 NE 13 Place
NORTH MIAMI, FLORIDA 33161

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>9/8/95</i>		3a. Date of Last Report <i>6/16/96</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>102-01613801</i>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>Homer L. Wills</i> <i>789 NE 83 ST.</i> <i>Miami, FL 33138</i>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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 _____ NOTE: Registered Agent signature required when retaining _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Alma Wills</i>			1.2 NAME	<i>MARK GARY</i>		
STREET ADDRESS	<i>789 NE 83 STREET</i>			1.3 STREET ADDRESS	<i>19940 Balmire DR.</i>		
CITY-ST-ZIP	<i>Miami, FL 33138</i>			1.4 CITY-ST-ZIP	<i>Miami, FL 33107</i>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<i>Homer Wills</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	<i>789 NE 83 ST</i>		
STREET ADDRESS				2.3 STREET ADDRESS	<i>Miami, FL 33138</i>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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)(4), 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: *Homer L. Wills* **NO SIGNATURE REQUIRED** *3/16/96* *305-899-8226*
 NAME AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
Homer L. Wills, President

CFR2004 (12/85)