

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051746 (1)
 1. Corporation Name
IMAGIK INTERNATIONAL CORPORATION



Principal Place of Business 8011 N.W. 166TH ST. MIAMI LAKES FL 33016	Mailing Address 8011 N.W. 166TH ST. MIAMI LAKES FL 33016-3421
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3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report
4. FEI Number 650589323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

SCHAMY, GEORGE
8011 N.W. 166TH ST.
MIAMI LAKES FL 33016

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 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 (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAMY, GEORGE	
STREET ADDRESS	8011 N.W. 166TH ST.	
CITY - ST - ZIP	MIAMI LAKES FL 33016	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	VADILLO, PABLO R	
STREET ADDRESS	8011 N.W. 166TH ST.	
CITY - ST - ZIP	MIAMI LAKES FL 33016	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FIAT, MONICA G	
STREET ADDRESS	8011 N.W. 166TH ST.	
CITY - ST - ZIP	MIAMI LAKES FL 33016	
TITLE	SB	<input type="checkbox"/> DELETE
NAME	Soul Traynd	
STREET ADDRESS	PO Box 800117	
CITY - ST - ZIP	Miami FL 33280	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vadillo Pablo
2.3 STREET ADDRESS	8011 NW 166th ST
2.4 CITY - ST - ZIP	Miami lkes FL 33016
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FIAT MONICA G
3.3 STREET ADDRESS	8011 NW 166th ST
3.4 CITY - ST - ZIP	Miami lakes 33016
4.1 TITLE	SB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Soul Traynd
4.3 STREET ADDRESS	PO Box 800117
4.4 CITY - ST - ZIP	Miami FL 33280
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: (Type or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)