

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000046602 (3)
1. Corporation Name
MAPA PRODUCTIONS, INC.



Principal Place of Business Mailing Address
444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131
444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131
4019 N. UNIVERSITY DR. SUNRISE, FL. 33351
4019 N. UNIVERSITY DR. SUNRISE, FL. 33351

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/27/1997
4. FEI Number
65-0756006 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
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
MERKIN, STEWART A
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131
4019

10. Name and Address of New Registered Agent
81 Name LILA MACHADO
82 Street Address (P.O. Box Number is Not Acceptable)
4019 N. UNIVERSITY DR.
83
84 City SUNRISE FL 85 Zip Code 33351

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lila Machado* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	BARBOZA, CESAR MACHADO	
STREET ADDRESS	444 BRICKELL AVENUE SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/>
NAME	TARRE, ORANGEL F. M	
STREET ADDRESS	444 BRICKELL AVENUE SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4019 N. UNIVERSITY DR.		
1.4 CITY-ST-ZIP	SUNRISE, FL. 33351		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4019 N. UNIVERSITY DR.		
2.4 CITY-ST-ZIP	SUNRISE, FL. 33351		
3.1 TITLE	LILA MACHADO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SECRETARY/Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	LILA MACHADO		
4.3 STREET ADDRESS	4019 N. UNIVERSITY DR		
4.4 CITY-ST-ZIP	SUNRISE, FL. 33351		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lila Machado* 4/20/98 (954) 746-6740

CR2E034 (10/97)