

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **PA800003406**
1. Corporation Name
ALL MEDIA MANAGEMENT CORPORATION

FILED
99 OCT 11 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1440 JFK CAUSEWAY #321 1441 JFK CAUSEWAY #321
NORTH BAY VILLAGE, FL. NORTH BAY VILLAGE, FL.
331333141 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/98

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0897457	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MUNILLA, PEDRO R.
1401 SW 1ST STREET SUITE #210
MIAMI, FLORIDA 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Allowed)
100099021667--8
83 **-10/22/99-01008-005**
*******61.25 *****61.25**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERAS, FRANCISCO B.	1.2 NAME	FRANCISCO B. FERRERAS
STREET ADDRESS	1440 JFK CAUSEWAY SUITE #321	1.3 STREET ADDRESS	1440 JFK CAUSEWAY SUITE #321
CITY-ST-ZIP	NORTH BAY VILLAGE, FLORIDA 33141	1.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FLORIDA 33141
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	AUDREY MESTRE
STREET ADDRESS		2.3 STREET ADDRESS	1441 JFK CAUSEWAY SUITE #321
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FLORIDA 33141
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RAUL GONZALEZ
STREET ADDRESS		3.3 STREET ADDRESS	1440 JFK CAUSEWAY SUITE #321
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH BAY VILLAGE, FLORIDA 33141
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 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, with all other like empowered.

SIGNATURE: Francisco B. Ferreras **FRANCISCO FERRERAS** 8/30/99 **(305)865-1055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

SP