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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN # P9700 A MAR PRODUCTIONS, IN	00093958 (1) c.			AR ARABA MINA KRIBI RAHAI NAH ARAB
Principal Place of Business		Mailing Address		1 (COLISON SID SOUN IDAN DANN BRINT ADUN BOU	JO FOIDE DIKIR KREEL BIKDI JOHL JOHL
SUNTRUST INTERNATIONAL CENTER 1 SE 3RD AVE STE: 2400 MIAMI FL 33131		SUNTRUST INTERNATIONAL CENTER 1 SE 3RD AVE STE. 2400 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				10/31/1997	
2. Principal f	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26		(05-0793382	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stato		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	
	g. Name and Address of Curr			10. Name and Address of New Registe	red Agent
FEUERMAN, JONATHAN			81 Name		
SUNTRUST INTERNATIONAL CENTER 1 SE 3RD AVE., STE. 2400		ITER	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AMI FL 33131		83		
			84 City		FL 85 Zip Code
44 Pursuant	to the provisions of Sactions 607.0	502 and 607 1508 Florida Statuto	the shows named corr	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	
agent. La	am familiar with, and accept the oblining terms of nightened and state of the control of the con	igations of, Section 607.0505, Flo	orida Statutes.  Registered Agent signature requi		ATE
TIPLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BOTELLA, JOSE L		12 NAME		
STREET ADDRESS	3454 ROYAL PALM AVE.		1.3 STREET ADDRESS		l
CITY - ST - ZIP	MIAMI BEACH FL 33140	The second	1.4 CITY - ST - ZIP		
TITLE	ļ	LJ DELETE	21 TITLE		Change Addition
NAMÉ STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	ĺ		3.3 STREET ADDRESS		
TITLE		DELETE	3 4. CITY-ST-ZIP 4 1 TITLE		Change Addition
NAME		_ Deceme	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Last vereis	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY OF 71D			CACITY OT JIII		

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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:

3/16/98

**FILED** 

Mar 23 1998 8:00am

Secretary of State