

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **500946** (9)

1. Corporation Name
U. Y. A. FILMS, INC.



Principal Place of Business: **324 ROYAL PALM WAY #209 PALM BEACH FL 33480**
Mailing Address: **324 ROYAL PALM WAY #209 PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suffix, Apt. #, etc.	26. State, Apt. #, etc.	27. City & State	28. Zip	04/12/1976	01/20/1995
22. City & State	27. City & State	28. Zip	29. Country	4. FEI Number	Applied For
23. Zip	28. Zip	29. Country	30. Country	59-1666102	Not Applicable
24. Country	29. Country	30. Country	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	29. Country	30. Country	30. Country	<input type="checkbox"/>	
26. Country	29. Country	30. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27. Country	29. Country	30. Country	30. Country	<input type="checkbox"/>	
28. Country	29. Country	30. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. Country	29. Country	30. Country	30. Country		

9. Name and Address of Current Registered Agent

**MAAAS, HAROLD G.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAASS, HAROLD G.	12. NAME	
STREET ADDRESS	321 RYL POINCIANA PLZ	13. STREET ADDRESS	
CITY, STATE, ZIP	PALM BEACH FL	14. CITY, STATE, ZIP	
TITLE	P	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODASSO, CHRISTIAN	22. NAME	
STREET ADDRESS	201 W INDIES DR	23. STREET ADDRESS	
CITY, STATE, ZIP	PALM BCH FL	24. CITY, STATE, ZIP	
TITLE	ST	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VALDENE, LORRAINE	32. NAME	
STREET ADDRESS	201 W INDIES DR	33. STREET ADDRESS	
CITY, STATE, ZIP	PALM BCH FL	34. CITY, STATE, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE, ZIP		44. CITY, STATE, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE, ZIP		54. CITY, STATE, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE, ZIP		64. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Christian Odasso* (CHRISTIAN ODASSO)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 655-7828
DORIS B. FLEMING

CR2E034 (12/95)