

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 663825

(8)

1. Corporation Name

SPECTACULAR MODES, INC.

Principal Place of Business

2036 N.W. 23RD AVENUE
MIAMI FL 33142

Mailing Address

2036 N.W. 23RD AVENUE
MIAMI FL 33142



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COLL, MARIA I.
10 W. SUNRISE
CORAL GABLES FL 33133

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 607.1505, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

P
COLL, MANUEL P
10 W SUNRISE
CORAL GABLES FL

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

[] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

[] Change [] Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

[] Change [] Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

[] Change [] Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

[] Change [] Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

[] Change [] Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

DATE OF FILING

CR2E034 (12/95)