

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:49

DOCUMENT # 715127 (7)

1. Corporation Name
INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE OPERATORS HOLDING

Principal Place of Business Mailing Address
15 S W 7 ST FT LAUDERDALE FL 33301 15 S W 7 ST FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1968 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1002438 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
JONAS, JOHN
15 S.W. 7TH STREET
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FALZARANNO, LOU
STREET ADDRESS	15 SW 7TH ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	COCHEO, THOMAS
STREET ADDRESS	15 SW 7TH ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	BAD
NAME	JONAS, JOHN
STREET ADDRESS	550 NW 72 AVE
CITY - ST - ZIP	PLANTATION FL 33317
TITLE	STD
NAME	HUBBARD, JOHN
STREET ADDRESS	15 SW 7TH ST
CITY - ST - ZIP	FT LAUDERDALE FL 33328
TITLE	SD
NAME	FRALEY, LAWRENCE E
STREET ADDRESS	13400 SW 5 ST
CITY - ST - ZIP	DAVIE FL
TITLE	D
NAME	WENGER, JOANNE
STREET ADDRESS	1619 N.W. 16 STREET
CITY - ST - ZIP	FT LAUDERDALE FL 33311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	PA Fratey, Lawrence
1.3 STREET ADDRESS	13460 S.W. 5 ST
1.4 CITY - ST - ZIP	DAVIE, FL 33325
2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	VD Ryan, Chris
2.3 STREET ADDRESS	7873 NW 41 ST
2.4 CITY - ST - ZIP	SUNRISE, FL 33351
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	SD Falzarano, Lou
5.3 STREET ADDRESS	15 SW 7 ST
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	D Bertolami, Anthony
6.3 STREET ADDRESS	277 Mindmar Av
6.4 CITY - ST - ZIP	Lauderdale By the Sea, FL 33308

14. I do hereby 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Hubbard 3-30-95 305-467-6175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #