

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000150 (0)

1. Corporation Name
PLAY BY PLAY TOYS & NOVELTIES, INC.



Principal Place of Business PO BOX 18267 SAN ANTONIO TX 78218	Mailing Address PO BOX 18267 SAN ANTONIO TX 78218-0267
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3. Date Incorporated or Qualified 01/09/1996	3a. Date of Last Report
4. FEI Number 74-2623760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4400 TEJASCO Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State 23 SAN ANTONIO, TX	27 Suite, Apt. #, etc.
24 Zip 78218	28 City & State
25 Country USA	29 Zip
	30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ARTURO G	1.2 NAME	
STREET ADDRESS	4400 TEJASCO	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78218	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, TOMAS	2.2 NAME	
STREET ADDRESS	4400 TEJASCO	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78218	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, BERTO JR.	3.2 NAME	
STREET ADDRESS	4400 TEJASCO	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78218	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAWLIK, MARK A	4.2 NAME	
STREET ADDRESS	4400 TEJASCO	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78218	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOREMAN, JAY B	5.2 NAME	S
STREET ADDRESS	4400 TEJASCO	5.3 STREET ADDRESS	GAMORAN, SAUL
CITY - ST - ZIP	SAN ANTONIO TX 78218	5.4 CITY - ST - ZIP	4400 TEJASCO
TITLE	ST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRA, JOE M	6.2 NAME	T
STREET ADDRESS	4400 TEJASCO	6.3 STREET ADDRESS	BRAUN, RAYMOND
CITY - ST - ZIP	SAN ANTONIO TX 78218	6.4 CITY - ST - ZIP	4400 TEJASCO

14. I do 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

SIGNATURE: Raymond Braun **RAYMOND BRAUN** 05/02/97 (210) 829-9666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)