

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J52442

(7)

1. Corporation Name
MEDIEVAL SHOW, INC.

Principal Place of Business
P.O. BOX 422385
KISSIMMEE FL 34742-2385

Mailing Address
P.O. BOX 422385
KISSIMMEE FL 34742-2385



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 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

ANTONIO ALCINA/LUIS DEL PINO
4510 W. IRLO BRONSON MEM HWY
KISSIMMEE FL 32742

3. Date Incorporated or Qualified

01/20/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2840137

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME KIGG, KENNETH
STREET ADDRESS 7662 BEACH BLVD
CITY - ST - ZIP BUENA PARK CA

TITLE ST
NAME CHISOLO, ERIC
STREET ADDRESS 7662 BEACH BLVD.
CITY - ST - ZIP BUENA PARK CA

TITLE DV
NAME DEL PINO, LUIS
STREET ADDRESS 4510 W. IRLO BRONSON HWY.
CITY - ST - ZIP KISSIMMEE FL

TITLE VM
NAME HAMANN, HAROLD
STREET ADDRESS 4510 W. IRLO BRONSON HWY.
CITY - ST - ZIP KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME KIM, KENNETH
1.3 STREET ADDRESS 7662 BEACH BLVD.
1.4 CITY - ST - ZIP BUENA PARK, CA 90622

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE C
5.2 NAME MONTANER, PEDRO
5.3 STREET ADDRESS 7662 BEACH BLVD.
5.4 CITY - ST - ZIP BUENA PAK, CA 90622

6.1 TITLE D
6.2 NAME SANTANDREU, MARTIN
6.3 STREET ADDRESS 7662 BEACH BLVD.
6.4 CITY - ST - ZIP BUENA PARK, CA 90622

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:

SIGNATURE REQUIRED
LUIS DEL PINO

4/29/97

(407) 396-2105

CR2E034 (9/96)