

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L42726 (4)**  
1. Corporation Name  
**THE INTERNATIONAL ENTERTAINMENT COMPANY**



Principal Place of Business <b>8415 CORAL WAY STE 205 MIAMI FL 33155 US</b>	Mailing Address <b>8415 CORAL WAY STE 205 MIAMI FL 33155 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>01/16/1990</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>65-0233987</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		Trust Fund Contribution	
<b>23</b>		<b>28</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>PORTALES, TERESA 8415 CORAL WAY STE. 205 MIAMI FL 33155</b>				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>FL</b>	<b>85</b> 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.

<b>SIGNATURE</b>		<b>Signature typed or printed name of registered agent and title if applicable</b>		<b>(NOTE: Registered Agent signature required when reinstating)</b>		<b>DATE</b>	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
<b>TITLE</b>	<b>P/D</b>	<b>11 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>	<b>PORTALES, TERESA</b>	<b>12 NAME</b>					
<b>STREET ADDRESS</b>	<b>8415 CORAL WAY, STE. 205</b>	<b>13 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33155</b>	<b>14 CITY - ST - ZIP</b>					
<b>TITLE</b>		<b>21 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>		<b>22 NAME</b>					
<b>STREET ADDRESS</b>		<b>23 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>		<b>24 CITY - ST - ZIP</b>					
<b>TITLE</b>		<b>31 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>		<b>32 NAME</b>					
<b>STREET ADDRESS</b>		<b>33 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>		<b>34 CITY - ST - ZIP</b>					
<b>TITLE</b>		<b>41 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>		<b>42 NAME</b>					
<b>STREET ADDRESS</b>		<b>43 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>		<b>44 CITY - ST - ZIP</b>					
<b>TITLE</b>		<b>51 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>		<b>52 NAME</b>					
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>		<b>54 CITY - ST - ZIP</b>					
<b>TITLE</b>		<b>61 TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>NAME</b>		<b>62 NAME</b>					
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>		<b>64 CITY - ST - ZIP</b>					

**14.** I 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:**  **4/25/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone: # 0216832

CR2E034 (10/97)