


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

FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L78876 (4)					
1. Corporation Name AMF PRODUCTIONS, INC.					
Principal Place of Business 2725 S.W. 3RD AVE. MIAMI FL 33129			Mailing Address 2725 S.W. 3RD AVE. MIAMI FL 33129		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/08/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0229105	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERNANDEZ-HAAR, ANA MARIA 2725 SW 3RD AVE MIAMI FL 33129				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP	NAME	HAAR, ANA MARIA F.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	401 SW 28TH RD	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	
CITY-ST-ZIP	MIAMI FL	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP		4.1 TITLE		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP					
STREET ADDRESS							
CITY-ST-ZIP							

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:

SIGNATURE REQUIRED

1/7/98 305
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CR2E034 (10/97)