
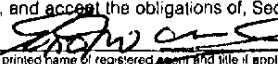
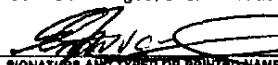


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49543 1. Corporation Name A- DRAMATIZED WORD Inc.			
Principal Place of Business 20520 BISCAYNE BLVD. BUILDING # 1 AVENTURA, FLORIDA 33180		Mailing Address 20520 BISCAYNE BLVD BUILDING # 1 AVENTURA, FLORIDA 33180	
2. Principal Place of Business 21 20520 BISCAYNE BLVD Suite, Apt. #, etc. 22 BLDG. 1, AVENTURA City & State 23 FLORIDA Zip 24 33180	2a. Mailing Address 25 20520 BISCAYNE BLVD. Suite, Apt. #, etc. 26 BUILDING # 1 City & State 27 AVENTURA, FLORIDA Zip 28 33180	3. Date Incorporated or Qualified JUNE, 24, 1992	3a. Date of Last Report MAY 16, 1996
4. FEI Number 65- 0343378		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" 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			
9. Name and Address of Current Registered Agent VICTORIA E. INWANG 1172 N. E. 196 ST., NORTH MIAMI BCH FLORIDA, 33179		10. Name and Address of New Registered Agent 81 Name VICTORIA E. INWANG 82 Street Address (P.O. Box Number is Not Acceptable) 1172 NE 196 ST. 83 NORTH MIAMI BEACH 84 City FL 85 Zip Code 33179	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE  DATE 6/20/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP VICTOR I. PATRICK 19501 E. COUNTRY CLUB DR. AVENTURA, FL. 33180	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP EMMANUEL I. ETIM 13015 BISCAYNE ISLAND TER. N. MIAMI, FL. 33162	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP LEEN ANDERSON 19601 N.E. 14 AVE. N. MIAMI BEACH, FL. 33179	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP VICTORIA ENO P. INWANG 1172 N.E. 196 ST. N. M.B FL. 33179	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002242200 -07/21/97--01003--011 ***75.00
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		VICTORIA ENO P. INWANG (305) 935- 6249 (D) Date Daytime Phone #	

CR2E037 (9/96)