

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 27 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 # N96000000166 (6)

1. Corporation Name

KARYSMA PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

1840 CORAL WAY 4TH FLOOR  
MIAMI FL 33145

1840 CORAL WAY 4TH FLOOR  
MIAMI FL 33145-2748

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

10. Name and Address of New Registered Agent

GONZALEZ, HENRI  
1840 CORAL WAY 4TH FLOOR  
MIAMI FL 33145

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 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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIESELDORFF, NORA	
STREET ADDRESS	14662 SW 48 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, LILIA	
STREET ADDRESS	9400 SW 54 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MELIAN, JEANETTE	
STREET ADDRESS	6813 SW 106 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEUS, ALFREDO	
STREET ADDRESS	7010 SW 16 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeanette Melendez	
1.3 STREET ADDRESS	14917 SW 104th St.	
1.4 CITY-ST-ZIP	MIAMI FL 33196	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alfredo Matheus	
2.3 STREET ADDRESS	7010 SW 16th Terr	
2.4 CITY-ST-ZIP	MIAMI FL 33155	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Ferrer	
3.3 STREET ADDRESS	14548 SW 97th St.	
3.4 CITY-ST-ZIP	MIAMI FL 33184	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Karina Gonzalez	
4.3 STREET ADDRESS	9400 SW 54 ST	
4.4 CITY-ST-ZIP	MIAMI FL 33165	
5.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Janet Rodriguez	
5.3 STREET ADDRESS	3100 SW 120 Rd	
5.4 CITY-ST-ZIP	MIAMI FL 33165	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002226451	
6.3 STREET ADDRESS	-06/30/97--01073--022	
6.4 CITY-ST-ZIP	***61.25	

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.

CR2E037 (9/96)