

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000002309 (1)

1. Corporation Name

J.P. PRODUCTIONS, INC.



Principal Place of Business

113 N.W. 86TH PLACE
MIAMI FL 33126

Mailing Address

113 N.W. 86TH PLACE
MIAMI FL 33126

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PAGANO, ANI
113 N.W. 86TH PLACE
MIAMI FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0382307

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGANO, ANI	
STREET ADDRESS	113 N.W. 86TH PLACE	
CITY, ST, ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGANO, JACK	
STREET ADDRESS	113 N.W. 86TH PLACE	
CITY, ST, ZIP	MIAMI FL 33126	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information disclosed herein and reported to the Department of State is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The reason for trustee appointment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if being removed after filing with an address.

SIGNATURE: *Ani Pagano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8/1996 (305) 262-6021

CR2E034 (12/95)