

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33126-6819
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3. Date Incorporated or Qualified 01/06/1993		3a. Date of Last Report 04/12/1997	
2. Principal Place of Business 21 11380 N.W. 52nd Ave Suite, Apt. #, etc.	2a. Mailing Address 26 same	4. FEI Number 65-0382307	Added For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Miami, FL	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33178	25	29	30
25. Country		26. Country	

9. Name and Address of Current Registered Agent PAGANO, ANI 113 N.W. 86TH PLACE MIAMI FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PAGANO, ANI	2. NAME	
STREET ADDRESS	113 N.W. 86TH PLACE	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PAGANO, JACK	2.2 NAME	
STREET ADDRESS	113 N.W. 86TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119 0713(i), Florida Statutes. I further certify that the information indicated on this annual report supplemental annual report 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, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 of this filing as an attachment with an address.