

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 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 # P93000049374 (0)

1. Corporation Name  
 SATELLITE THEATER EFFECTS, INC.



Principal Place of Business  
 9600 SOUTH STATE RD. 7  
 SUITE 6  
 MIRAMAR FL 33023

Mailing Address  
 441 N.E. 143 ST.  
 MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/14/1993

4. FEI Number  
 65-0426383

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 3600 South state rd 7  
 Suite, Apt. #, etc.  
 22 Suit 14  
 City & State  
 23 Miramar FL 33023  
 Zip 33023 Country Broward

2a. Mailing Address

26 1230 NW 131 street  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 MIAMI FL 33167  
 Zip 33167 Country Da De

9. Name and Address of Current Registered Agent

JACQUES, AUGUSTE K  
 441 N.E. 143RD ST.  
 MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name JACQUES, AUGUSTE K  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1230 NW 131 st.  
 83 MIAMI FL 33167  
 84 City  
 85 Zip Code FL

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	JACQUES, AUGUSTE K	441 N.E. 143 STREET	MIAMI FL 33161	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	JACQUES, AUGUSTE K	1230 NW 131 street	MIAMI FL 33167	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

CR2E034 (5/98)