


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: 3600 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

2. Principal Place of Business
 21 3600 South state rd 7
 22 Suite 6
 23 City & State: MIAMAR FL 33023
 24 Zip: 33023
 25 Country: Broward

2a. Mailing Address
 26 1230 NW 131 street
 27 Suite, Apt. #, etc.
 28 City & State: MIAMI FL 33167
 29 Zip: 33167
 30 Country: Fla

4. FEI Number: 65-0426383
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 City: MIAMI FL 33167
 84 City: MIAMI FL 33167
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	JACQUES, AUGUSTE K <input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 441 N.E. 143 STREET		1.2 NAME: JACQUES, AUGUSTE K
CITY-ST-ZIP: MIAMI FL 33161		1.3 STREET ADDRESS: 1230 NW 131 street
TITLE:	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: MIAMI FL 33167
NAME:		2.1 TITLE:
STREET ADDRESS:		2.2 NAME:
CITY-ST-ZIP:		2.3 STREET ADDRESS:
TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:
NAME:		3.1 TITLE:
STREET ADDRESS:		3.2 NAME:
CITY-ST-ZIP:		3.3 STREET ADDRESS:
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:
NAME:		4.1 TITLE:
STREET ADDRESS:		4.2 NAME:
CITY-ST-ZIP:		4.3 STREET ADDRESS:
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:
NAME:		5.1 TITLE:
STREET ADDRESS:		5.2 NAME:
CITY-ST-ZIP:		5.3 STREET ADDRESS:
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:
NAME:		6.1 TITLE:
STREET ADDRESS:		6.2 NAME:
CITY-ST-ZIP:		6.3 STREET ADDRESS:
TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

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 ***550.00

8/26

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)