

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000054946 (7)

1. Corporation Name

COMIC TOWN U.S.A., INC.



Principal Place of Business

211 S.W. 22ND AVE.
MIAMI FL 33135

Mailing Address

211 S.W. 22ND AVE.
MIAMI FL 33135

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PADRO, STANLEY B
511 S.W. 122ND AVE.
MIAMI FL 33184

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 602.002 and 602.003, 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 adopted and 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 602.002, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
PADRO, STANLEY B
511 S.W. 122ND AVE.
MIAMI FL 33184

[] DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[] DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[] DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[] DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

[] Change [] Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

[] Change [] Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

[] Change [] Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

[] Change [] Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

[] Change [] Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

[] Change [] Addition

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)(b), 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed or new) in statement with all officers.

SIGNATURE: Stanley B. Padro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(305) 551-7794

CR2E034 (12/95)