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**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000081575 (1)

1. Corporation Name
**USA-ONE-INTERNATIONAL, INC.
STAR DOME ENTERTAINMENT, INC.**



Principal Place of Business
**201 SOUTH BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD.
SUITE 1402
MIAMI FL 33131-4328**

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **02/12/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0480292	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
25	Country	30	Country					

9. Name and Address of Current Registered Agent
**MACAULAY, ROBERT B
1402 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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	DP	<input type="checkbox"/> DELETE
NAME	HARPER, ALLEN C	
STREET ADDRESS	201 S. BISCAYNE BLVD. #1402	
CITY - ST - ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, STEVEN E	
STREET ADDRESS	201 S. BISCAYNE BLVD. #1402	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S HARPER, CAROL E.
3.3 STREET ADDRESS	5841 S.W. 116th STREET
3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33156
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: *Allen C. Harper* **Allen C. Harper 1/31/97 (305) 667-8871**

CR2E034 (9/96)