

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

FILED

Jan 17 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 # P93000082752 (5)

1. Corporation Name

MEDIA TECH PRODUCTIONS INTERNATIONAL INC

Principal Place of Business

770 CLAUGHTON
1515
MIAMI FL 33131
US

Mailing Address

770 CLAUGHTON
1515
MIAMI FL 33131-2630
US

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
01/19/1996

4. FEI Number

65-0453304

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 2012 S.E. 26 LANE

Suite, Apt. #, etc.

22 HOMESTEAD

City & State

23 FLA

24 33035

Country

25 USA

2a. Mailing Address

26 2012 S.E. 26 LANE

Suite, Apt. #, etc.

27 HOMESTEAD

City & State

28 FLA

29 33035

Country

30 USA

9. Name and Address of Current Registered Agent

STEVENS, PAUL
770 CLAUGHTON ISLAND
APT 1515
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

STEVENS, PAUL STEVENS

82 Street Address (P.O. Box Number is Not Acceptable)

2012 S.E. 26 LANE

83

HOMESTEAD

84 City

FLA

FL

85 Zip Code

33035

11. Pursuant to the provisions of Sections 607.0503 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

(NOTE: Registered Agent's signature required when reinstating)

DATE

1-10-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEVENS, PAUL
STREET ADDRESS 770 CLAUGHTON ISLAND APT 1515
CITY-STATE-ZIP MIAMI FL 33131

DELETE

TITLE D
NAME PAUL STEVENS
STREET ADDRESS 2012 26 LA
CITY-STATE-ZIP HOMESTEAD, FL 33035

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PAUL STEVENS
1.3 STREET ADDRESS 2012 S.E. 26 LANE
1.4 CITY-STATE-ZIP HOMESTEAD, FLA 33035

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/97 305-230-1433

CR2E034 (9/96)