

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025216 (0)

1. Corporation Name

FAMILY MAGIC ADVENTURES, INC.



Principal Place of Business

1 SE 3RD AVE.
2225
MIAMI FL 33131
US

Mailing Address

1 SE 3RD AVE.
2225
MIAMI FL 33131
US

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0486602

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI FL 33138

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 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

(Signature, typed or printed name of registered agent and their application)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD
EWEN, HENRY

DELETE

NAME

4750 SW 57 TERRACE

STREET ADDRESS

DAVIE FL

CITY-ST-ZIP

TITLE

D

DELETE

NAME

TWYMAN, BILL

STREET ADDRESS

420 PARTRIDGE CIRCLE

CITY-ST-ZIP

SARASOTA FL

TITLE

D

DELETE

NAME

ZELAYA, JOHN

STREET ADDRESS

699 GLEN RIDGE

CITY-ST-ZIP

KEY BISCAYNE FL

TITLE

D

DELETE

NAME

TWYMAN, BILL

STREET ADDRESS

420 PARTRIDGE CIRCLE

CITY-ST-ZIP

SARASOTA FL

TITLE

D

DELETE

NAME

ZELAYA, JOHN

STREET ADDRESS

699 GLEN RIDGE

CITY-ST-ZIP

KEY BISCAYNE FL

TITLE

D

DELETE

NAME

TWYMAN, BILL

STREET ADDRESS

420 PARTRIDGE CIRCLE

CITY-ST-ZIP

SARASOTA FL

TITLE

D

DELETE

NAME

ZELAYA, JOHN

STREET ADDRESS

699 GLEN RIDGE

CITY-ST-ZIP

KEY BISCAYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Henry A. Ewen CHAIRMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96 (305) 377-6503

Date Daytime Phone #

CR2E034 (12/95)