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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053442 (7)

1. Corporation Name

TICKETMAGIC, S.A., INC.

Principal Place of Business

2720 CORAL WAY, PH SUITE
MIAMI FL 33145

Mailing Address

2720 CORAL WAY, PH SUITE
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

David M. Stolar

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

1350 Kane Concourse

83

84 City

Bay Harbor Islands

FL

85 Zip Code

33154

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

David M. Stolar

DAVID M. STOLAR (ESQUIRE)

5-11-95

12. OFFICERS AND DIRECTORS

1. TITLE

D

2. NAME

*BAKULA, GUILLERMO

3. STREET ADDRESS

2720 CORAL WAY, PH SUITE

4. CITY, ST, ZIP

MIAMI FL 33145

5. TITLE

D

6. NAME

*ROBERTS, BOBBEY

7. STREET ADDRESS

*9240 BURTON WAY

8. CITY, ST, ZIP

*BEVERLY HILLS, CA 90210

9. TITLE

D

10. NAME

*PAGIA, ROGER

11. STREET ADDRESS

24927 AVE, TIBBETS SITE, F

12. CITY, ST, ZIP

WALNUT CA 91095

13. TITLE

D

14. NAME

VAZQUEZ, MIKE

15. STREET ADDRESS

7150 HYATT AVENUE

16. CITY, ST, ZIP

LANTANA FL 33462

17. TITLE

D

18. NAME

HRESKY, DANNY

19. STREET ADDRESS

*8010 WEST DRIVE, UNIT 279

20. CITY, ST, ZIP

*MIAMI FL 33144 *

21. TITLE

D

22. NAME

Jorge Concepcion

23. STREET ADDRESS

2720 Coral Way, 5th FL

24. CITY, ST, ZIP

Miami, FL, 33145

25. TITLE

D

26. NAME

Jorge Concepcion

27. STREET ADDRESS

2720 Coral Way, 5th FL

28. CITY, ST, ZIP

Miami, FL, 33145

29. TITLE

D

30. NAME

Jorge Concepcion

31. STREET ADDRESS

2720 Coral Way, 5th FL

32. CITY, ST, ZIP

Miami, FL, 33145

33. TITLE

D

34. NAME

Jorge Concepcion

35. STREET ADDRESS

2720 Coral Way, 5th FL

36. CITY, ST, ZIP

Miami, FL, 33145

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE CONCEPCION

5-11-95

(305) 442-9700