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 # P94000086914 (6)

1. Corporation Name
THE SHOW WORKS, INC.

Principal Place of Business	Mailing Address
328 CRANDON BLVD SUITE 225B KEY BISCAYNE FL 33149	328 CRANDON BLVD SUITE 225B KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 328 Crandon Blvd	26 328 Crandon Blvd
Suite, Apt. #, etc. 22 Suite 225	Suite, Apt. #, etc. 27 Suite 225
City & State 23 Key Biscayne, FL	City & State 28 Key Biscayne, FL
Zip 24 33149 Country 25	Zip 29 33149 Country 30

4. FEI Number: 65-0545748 ☐ 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

PENALVER, AURORA
1101 BRICKELL AVE SUIE 1700
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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BILOWIT, WILLIAM	1.2 NAME	Bilowit, William
STREET ADDRESS	328 CRANDON BLVD SUITE 225B	1.3 STREET ADDRESS	328 Crandon Blvd, Suite 225
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		2.2 NAME	Orihuela, Grela
STREET ADDRESS		2.3 STREET ADDRESS	328 Crandon Blvd, Suite 225
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	☐ DELETE	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		3.2 NAME	Lugo, Aida M.
STREET ADDRESS		3.3 STREET ADDRESS	c/o 328 Crandon Blvd, Suite 225
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X [signature] Grela Orihuela 4/18/96 (305)365-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)