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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

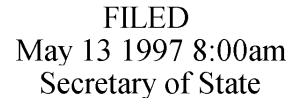
POCUMENT # P95000014399 (6)

B.E. ENTERTAINED, INC.

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Principal	Place	of	Вυ	sino	320

Mailing Address

80527 OLD CUTLER RD. MIAMI FL 33189 20527 OLD CUTLER RD. MIAMI FL 33189-2454





MIAMI FL 33189		MIAMI FL 3	MIAMI FL 33189-2454										
										Date of Last)/21/1996	of Last Report 1/1996		
2. Principal Place of Business 2a. Mailing Address		Address				4. FEI Numb		· · · · · ·	_		Applied For		
21 26 Color And Marke			65-059		57669				Not Applicabl				
22 Suite, Apr.	ulte, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired					\$8.75 Additional Fee Required	
Clty & Stat 23	City & State City & State			,		Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees			
Zip 24]	21	*	Z ip 29		Count 30	ry		8. This corp Florida St			r inlangibl		s. 199.032,
	·	nd Address of Curr	ent Registered Ag	ent				0. Name an	d Address	of New R	egistered	l Agent	
	ERILAWYER	_			В	1 Name	е						
	ALMERIA AV RAL GABLES				В	2 Stree	t Address	(P.O. Box N	umber is N	ol Accepta	able)		
					8	3							
					8	1 ,					Fl		o Code
11. Pursuant office or ragent. I a	to the provision registered ager am familiar with	ns of Sections 607.0 nt, or both, in the Sta , and accept the obl	502 and 607.1508, ite of Florida. Such igations of, Section	Florida Statu change was 607.0505, F	ites, the abo authorized l lorida Statut	ve-name by the co	ed corpora orporation'	tion submits s board of di	this statern rectors. I h	ent for the ereby acc	purpose option	of changing pointment a	its registered is registered
SIGNATURE	Signature typod or	printed name of registered (agent and litte if applicable	ON)	TL Registered A	gent signatu	ure required w	hen reinstating)			DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS	S/CHANGE	S TO OFFI	CERS AN	D DIRECTO	RS IN 12
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CITY-ST-ZIP					6.4 CHY-	ST - ZiP	1						

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 eath, 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.

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