

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062038 (1)**

1. Corporation Name

ENTERTAINMENT MEDIA BOX, INC.



Principal Place of Business

**540 W. MASHTA DRIVE
 KEY BISCAIYNE FL 33149**

Mailing Address

**540 W. MASHTA DRIVE
 KEY BISCAIYNE FL 33149**

2. Principal Place of Business

21 Suite Apt. #, etc

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SALA, A R
 104 CRANDON BLVD.
 SUITE 302
 KEY BISCAIYNE FL 33149**

3. Date incorporated or Qualified

08/10/1995

3a. Date of Last Report

08.10.95

4. FEI Number

65-0605091

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

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 of Registered Agent (print name)

Signature of Agent (print name)

DATE

12. OFFICERS AND DIRECTORS

DELETE
 TITLE
 NAME **HERNANDEZ-DESSAUER, ALEXANDER J**
 STREET ADDRESS **540 W. MASHTA DRIVE**
 CITY-ST-ZIP **KEY BISCAIYNE FL 33149**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition
 1.1 TITLE **P - PRESIDENT**
 1.2 NAME **HERNANDEZ-DESSAUER, ALEXANDER J.**
 1.3 STREET ADDRESS **540 W. MASHTA DRIVE**
 1.4 CITY-ST-ZIP **KEY BISCAIYNE FL 33149**

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 in an attachment with an address.

SIGNATURE: *Alexander Dessauer, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEXANDER HERNANDEZ-DESSAUER

04.29.96
 DATE

305.361.3535
 Telephone Number

CR2E034 (12/95)