

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000064741 (8)

1. Corporation Name

THE EVOLUTION TOURING COMPANY

Principal Place of Business

555 JEFFERSON AVE.
MIAMI BEACH FL 33139

Mailing Address

555 JEFFERSON AVE.
MIAMI BEACH FL 33139-0302

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report
04/20/1996

4. FEI Number
65-0616833

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

HERNANDEZ, LUIS F C.P.A.
555 JEFFERSON AVE.
MIAMI BEACH FL 33139

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 renotating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, EMILIO JR		1.2 NAME
STREET ADDRESS	555 JEFFERSON AVE.		1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI BEACH FL 33139		1.4 CITY - ST - ZIP
TITLE	VPSD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, GLORIA M		2.2 NAME
STREET ADDRESS	555 JEFFERSON AVE.		2.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI BEACH FL 33139		2.4 CITY - ST - ZIP
TITLE	TAS	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, REBECCA		3.2 NAME
STREET ADDRESS	555 JEFFERSON AVE.		3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI BEACH FL 33139		3.4 CITY - ST - ZIP
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS F L		4.2 NAME
STREET ADDRESS	555 JEFFERSON AVE.		4.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI BEACH FL 33139		4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

Signature and typed or printed name of signing officer or director

4/24/97 (305) 534-4330

Date

Daytime Phone #

CR2E034 (9/96)