SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL BEPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9500069551**

AMPM ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address					
770 CLAUGHTON ISLAND DRIVE SUITE 404 PH 11 APT 601 MIAMI FL 33131 US	770 CLAUGHTON ISLAND DRIVE SUITE 404 PH 11 APT 601 MIAMI FL 33131 US					
2. Principal Place of Business	2a. Mailing Address					

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

				09/11/1995				
2. Principal Place of Susiness	2a. Mailing Address	~	100	4. FEI Number		Applied For		
21 770 Chugh to & ISI. DY.	26 770 Claughton	76	3/.01.	65-0608067		Not Applicable		
Suite Apt. # et 8	Suite App etc.	_	•	5. Certificate of Status Desired	×	\$8.75 Additional Fee Required		
23 Yall F	City & State F	<u> </u>		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24 33131 25 USa	29 33131 30°C	JS	ja	This corporation owes the curre Intangible Personal Property.	nt year	Yes No		
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered .	Agent		
MENDEZ, JORGE A		81	Name					
770 CLAUGHTON ISLAND DRIVE SUITE 404 PH 11 MIAMI FL 33131		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
		84	City		FL	85 Zip Code		
11. Pursuant to the provisions of sections 607.050 office or registered agent, or both, in the State	2 and 607.1508, Florida Statutes, the e of Florida. Such change was authorized.	above zed by	named corpo the corporati	ration submits this statement for the pur on's board of directors. I hereby accept	pose of ch the appoir	anging its registered		

	am familiar with, and accept the obligations of, section	JII 007.0303, FR	Orios Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicab	le {NC	OTE: Registered Agent signet	ure required when reinstating)	DA	TF	
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	DP	DELETE	1.1 TITLE	President		Change	Addition
NAME	MENDEZ, JORGE A		1.2 NAME	a verdez	bios a		
STREET ADDRESS	770 CLAUGHTON ISLAND DRIVE SUITE 404 PH 11		1.3 STREET ADDRESS	770 Chught	キ・ソロンタギムロ	1708	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	HIGHI T	1 8186			
TITLE	Trepident no-	DELETE	2.1 TITLE	1 1 - 1 - 1	<u> </u>	Change	Addition
NAME	101		2.2 NAME				
STREET ADORESS	770 Claugh hou Ist Or. #1	108	2.3 STREET ADDRESS	İ			
CHTY-ST-ZIP	May 4 33131		2.4 CITY-ST-ZIP				
TITLE	secretaly.	DELETE	3.1 TITLE			Change	Addition_
NAME	A de la Mada		3.2 NAME]	OSOCIONS		35
STREET ADDRESS	JAN S. Bayshold		3.3 STREET ADDRESS		3000030 -10/05/9	901091	012
CITY-ST-ZIP	41aui 71 33133		3.4 CITY-ST-ZIP		****558	1.75 *** *	kSS8.75
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				
TiT∟E		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	61 TITLE			Change	Addition
NAME			6.2 NAME	l .	٠ ـــــ		
STREET ADDRESS			6.3 STREET ADDRESS	1	TS		
C-TY-ST-ZIP			6.4 CITY-ST-ZIP	<u></u>			
				*·· ·			

14. I 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 execution with an address.

SIGNATURE:

3053729696