

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073256 (6)

1. Corporation Name

BENROS INTERNATIONAL PRODUCTIONS, INC.



Principal Place of Business

Mailing Address

**5850 LAKEHURST DRIVE SUITE 150-30
ORLANDO FL 32819**

**5850 LAKEHURST DRIVE SUITE 150-30
ORLANDO FL 32819-8386**

2. Principal Place of Business

2a. Mailing Address

21 5850 LAKEHURST DRIVE

26 5850 LAKEHURST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 150-28

27 150-28

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32819

25 ORANGE

29 32819

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSI, BENNY
5850 LAKEHURST DRIVE SUITE 150-30
ORLANDO FL 32819**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, BENNY	
STREET ADDRESS	8978 BIRKDALE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, VICTORIA B	
STREET ADDRESS	8978 BIRKDALE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, CHRISTOPHER M	
STREET ADDRESS	8978 BIRKDALE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSI, RYAN C	
STREET ADDRESS	8978 BIRKDALE LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T (Correction)*	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/S (Correction)*	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/VP (Correction)*	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/VP (Correction)*	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

* Officer Designations Were Not Included

SIGNATURE:

BENNY ROSSI

04/29/97

(407) 363-9147

SIGNATURE AND TYPED OR PRINTED NAME OF BENNY ROSSI, DIRECTOR

Date

Daytime Phone #

0002791

CR2E034 (9/96)