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**Feb 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000006887 (9)

1. Corporation Name
UNIVERSITY PRODUCTIONS USA, INC.



Principal Place of Business

~~2500 HOLLYWOOD BOULEVARD
SUITE #215
HOLLYWOOD FL 33020~~

Mailing Address

~~2500 HOLLYWOOD BOULEVARD
SUITE #215
HOLLYWOOD FL 33020-8616~~

3. Date Incorporated or Qualified

01/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 **2455 HOLLYWOOD BLVD**

22 **SUITE 105**

23 **HOLLYWOOD FL**

24 **33020** 25 **U.S.A.**

2a. Mailing Address

26 **2455 HOLLYWOOD BLVD**

27 **SUITE 105**

28 **HOLLYWOOD FL**

29 **33020** 30 **U.S.A.**

4. FEI Number

65-0648330

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

9. Name and Address of Current Registered Agent

**LABOSSIERE, MARC
2500 HOLLYWOOD BOULEVARD
SUITE #215
HOLLYWOOD FL 33020**

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 type (in printed name of registered agent and box, if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D. FRITZ, GLADYS**
STREET ADDRESS **7479 OUTREMONT**
CITY - ST - ZIP **MONTREAL, QUE. CAN. H3N 2L7**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **D. GLADYS FRITZ.**
1.3 STREET ADDRESS **8350 BIRNAM. APT 1**
1.4 CITY - ST - ZIP **MONTREAL QUE CAN H3N 2V1**

2.1 TITLE Change Addition
2.2 NAME **S/D**
2.3 STREET ADDRESS **JEAN CLAUDY ROMAIN**
2.4 CITY - ST - ZIP **193 COLLINS AVENUE # B-1101 MIAMI BEACH FL 33139-7206**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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.

SIGNATURE:

GLADYS FRITZ

2-18-97

(954) 929-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)