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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000010245 (4) DOCUMENT # 1. Corporation Name

ENTERTAINMENT GROUP OF AMERICA, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



MIAMI FL 33155 MIAMI FL 33155	O NOT WRITE IN THIS SPACE
3. Date Incorporated 02/01/1996	or Qualified
Principal Place of Business 28. Mailing Address 4. FEI Number	Applied For
21 8280 NW 27th St. 26 8280 NW 27th St 65-0645596	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	s Desired \$8.75 Additional Fee Required
City & State City & State 6. Election Campaign	
23 Miami FL 28 Miami FL Trust Fund Contrib	
¬ ネス・ヘ ト (wes or has paid the current year Intangible Tax due June 30. Yes No
	ss of New Registered Agent
BOCCARA, RENATO 81 Name	
AAAA AAA SAAAA AAAAAAAAAAAAAAAAAAAAAAA	
4862 S.W. / ZNU AVENUE MIAMI FL 33155 Street Address (P.O. Box Number is	Not Acceptable)
MIAMI 1 C 33133	
	85 Zip Code
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
	GES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD DELETE 1.1 TITLE	Change Addition
NAME BOCCARA, RENATO 12 NAME	
STREET ADDRESS 4862 S.W. 72ND AVE.	
CITY-ST-ZIP MIAMI FL 33155 14 CITY-ST-ZIP TOLE DELETE 2.1 TITLE	Change Addition
BOOKINA DEMATO	Change C Addition
AAAA AM TAND AM	
AMARM CL 004EE	
CITY-ST-ZIP MIAMI PL 33133 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	-
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	-
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-2IP 4.4 CITY-S1-2IP	
TITLE 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 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

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 informatic indicated on this annual report or supplemental annual roport 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.