

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

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97 SEP 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # 790000020101e
1. Corporation Name
GAME ROOM USA, INC.

Principal Place of Business
1211 17 St.
MIAMI BEACH, FL.
33139

Mailing Address
1211 17 St.
MIAMI BEACH FLA.
33139

2. Principal Place of Business	2b. Mailing Address
21 1211 17 St.	26 1211 17 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI BEACH FL.	28 MIAMI BEACH FLA.
Zip	Zip
24 33139	29 33139
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For
65-0666570	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CARMEN DOMINGUEZ
9774 S.W. 8TH STREET
MIAMI, FLORIDA 33174

10. Name and Address of New Registered Agent

81 Name
ROLANDO REY
82 Street Address (P.O. Box Number is Not Acceptable)
6900 BAY DRIVE #7D
83
84 City
MIAMI BEACH FL
85 Zip Code
33141

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]* PRESIDENT 9/10/97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	6900 BAY DREIVE APT. 7D
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33141
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	UBERTO LA PLACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	6900 BAY DRIVE APT. 7D
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MIAMI BEACH, FLORIDA
STREET ADDRESS		3.3 STREET ADDRESS	33141
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 9/10/97 (305) 531-1998
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)