

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

FILED
Jun 16 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 # **P96000032166 (6)**

1. Corporation Name

M.I.A. PRODUCTIONS, INCORPORATED

Principal Place of Business

Mailing Address

**4010 N.W. 182ND STREET
MIAMI FL 33055**

**4010 N.W. 182ND STREET
MIAMI FL 33055-2243**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0673816	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANNAH, JONATHAN E
4010 N.W. 182ND STREET
MIAMI FL 33055**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **500002214935**

84 City

*****173.75**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/C Jonathan E Hannah
STREET ADDRESS		1.3 STREET ADDRESS	4010 N.W. 182ND ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BLAKE Alexander
STREET ADDRESS		2.3 STREET ADDRESS	3971 NW 191st St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARY ANN YANCY
STREET ADDRESS		3.3 STREET ADDRESS	16900 NW 41 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S MYRA HANNAH
STREET ADDRESS		4.3 STREET ADDRESS	4010 NW 182ND ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33055
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D ANTHONY MARSH
STREET ADDRESS		5.3 STREET ADDRESS	3307 NW 202 LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33055
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	M RODRICK FULLMORE
STREET ADDRESS		6.3 STREET ADDRESS	2830 NW 18th St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33056

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

Myra Hannah

3-15-97

(305) 621 7326

CR2E034 (9/96)