

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

4010 N.W. 192ND STREET
MIAMI FL 33055

Mailing Address

4010 N.W. 192ND STREET
MIAMI FL 33055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/08/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0673816
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
HANNAH, JONATHAN E 4010 N.W. 192ND STREET MIAMI FL 33055		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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, 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	PC	1.1 TITLE	
NAME	HANNAH, JONATHAN E	1.2 NAME	
STREET ADDRESS	4010 N.W. 192ND STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	ALEXANDER, BLAKE	2.2 NAME	
STREET ADDRESS	3971 NW 191ST ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	
NAME	YANCY, MARY ANN	3.2 NAME	
STREET ADDRESS	16900 NW 41 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	HANNAH, MYRA	4.2 NAME	
STREET ADDRESS	4010 N.W. 192ND STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	MARSH, ANTHONY	5.2 NAME	
STREET ADDRESS	3307 NW 202 LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	5.4 CITY - ST - ZIP	
TITLE	M	6.1 TITLE	
NAME	FULLMORE, RODRICK	6.2 NAME	
STREET ADDRESS	2830 NW 187TH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	6.4 CITY - ST - ZIP	

14. 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 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 any attachment with an address.

SIGNATURE:  MYRA HANNAH

4-20-98

(305) 621-7326

CR2E034 (10/97)