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

0190035

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -1 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000033431**

1. Corporation Name
FAME ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE. PENTHOUSE C/O HECTOR FORMOSO-MURIAS MIAMI FL 33131	1101 BRICKELL AVENUE. PENTHOUSE C/O HECTOR FORMOSO-MURIAS MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1996

4. FEI Number
65-0747754
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes **X** No

2. Principal Place of Business	2a. Mailing Address
21 **401 S.W. 27th Avenue**	26 **401 S.W. 27th Avenue**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **Miami, FL**	City & State 28 **Miami, FL**
Zip 24 **33135** Country 25	Zip 29 **33135** Country 30

9. Name and Address of Current Registered Agent

FORMOSO-MURIAS, HECTOR
1101 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **FMR Corp.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **401 S.W. 27th Avenue**
84 City **Miami,** **FL** 85 Zip Code **33135**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **FMR Corp by its President, Hector Formoso-Murias** 1/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for initial or amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	POS	[ ] DELETE
NAME	FORMOSO-MURIAS, HECTOR E	
STREET ADDRESS	1101 BRICKELL AVE, STE 1900	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		
12 NAME		
13 STREET ADDRESS	**401 S.W. 27th Avenue**	
14 CITY-ST-ZIP	**Miami, FL 33135**	
21 TITLE		[ ] Change [ ] Addition
22 NAME	100002770751 1	
23 STREET ADDRESS	-02/09/99--01131--016	
24 CITY-ST-ZIP	****150.00 ****150.00	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: **Hector Formoso-Murias** 1/29/99 (305) 372.0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Telephone Number