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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000035771 (0)

1. Corporation Name
4 STAR PRODUCTIONS, INC.



Principal Place of Business: 3645 N BAYHOMES COCONUT GROVE FL 33133
Mailing Address: 3645 N BAYHOMES COCONUT GROVE FL 33133-6815

3. Date Incorporated or Qualified: 04/22/1996
3a. Date of Last Report

2. Principal Place of Business: 21 16625 S.W. 74 CT, Suite, Apt. #, etc. 22 MIAMI, FL 33157
2a. Mailing Address: 26 16625 SW 74 CT, Suite, Apt. #, etc. 27 MIAMI, FL 33157
23 MIAMI, FL 33157, Country USA
28 MIAMI, FL 33157, Country USA
24 33157, 25 USA, 29 33157, 30 USA
4. FEI Number: 65-0657622
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
PARNES, LAURENCE A
3645 N BAYHOMES
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name: MITCHELL S. ZEIGER
82 Street Address (P.O. Box Number is Not Acceptable): 16625 SW 74 CT
83
84 City: MIAMI, FL 85 Zip Code: 33157

11. Pursuant to the provisions of Section 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 the accounting obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: PARNES, STEPHANIE R	1.1 TITLE: D	1.2 NAME: SUZANNE ZEIGER
STREET ADDRESS: 3645 N BAYHOMES	CITY-ST-ZIP: COCONUT GROVE FL 33133	1.3 STREET ADDRESS: 16625 SW 74 CT	1.4 CITY-ST-ZIP: MIAMI, FL 33157
TITLE: D	NAME: COWAN, BONI	2.1 TITLE: D	2.2 NAME: ARMANDO MARTINEZ
STREET ADDRESS: 1866 S BAYSHORE LN	CITY-ST-ZIP: MIAMI FL 33133	2.3 STREET ADDRESS: 845 CATALUNYA AVE	2.4 CITY-ST-ZIP: CORAL GABLES, FL 33134
TITLE: [] DELETE	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: [] DELETE	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: [] DELETE	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: [] DELETE	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	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] DATE: 4/30/97

CR2E034 (9/96)