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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038214 (8)

1. Corporation Name
EOE VISUALS INC.

Principal Place of Business

P.O. BOX 190615
MIAMI BEACH FL 33119

Mailing Address

P.O. BOX 190615
MIAMI BEACH FL 33119-0615



3. Date Incorporated or Qualified 05/02/1996 3a. Date of Last Report

4. FEI Number 65-0661869 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

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

TITLE	D	DELETE
NAME	PEREZ, VALENTINA	
STREET ADDRESS	% P.O. BOX 190615	
CITY-ST-ZIP	MIAMI BEACH FL 33119	
TITLE	D	DELETE
NAME	DOSTAL, GLORIA P	
STREET ADDRESS	% P.O. BOX 190615	
CITY-ST-ZIP	MIAMI BEACH FL 33119	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T/M	Change	Addition
1.2 NAME	PEREZ, VALENTINA		
1.3 STREET ADDRESS	1530 MERIDIAN AVE. #4		
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139		
2.1 TITLE	V/D/S	Change	Addition
2.2 NAME	DOSTAL, GLORIA P		
2.3 STREET ADDRESS	N/A P.O. BOX 190615		
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33119		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
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: *Valentine Perez* VALENTINA PEREZ 1/21/97 (305) 531-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)