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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038717 (0)

FANTASMA INVESTMENTS, INC.

I am an officer or director of the co appears in Block 12 or Block 13

Principal Place of Business Mailing Address

FILED May 06 1997 8:00am Secretary of State



C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2MD ST., 28TH FLOOR MIAMI FL 33131		C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST. 28TH FLOOR MIAMI FL 33131-2100		3. Date Incorporated or Qualified 3a. Date of Last Report
Delivering Discount Description		2a. Mailing Address		05/03/1996
2. Principal Place of Business		}- <u>`</u>		Applied For
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		Not Applicable See 75 Additional
22		27		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z _I p	Country 30	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	e and Address of Curre	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registered Agent
KTG&S REGIS	STERED AGENT CORP	ORATION	81 Name	
100 S.E. 2ND			82 Street	Address (P.O. Box Number is Not Acceptable)
28TH FLOOR MIAMI FL 33131			62 Sireut	Address (F.O. Box Nortiber is Not Acceptable)
			83	
			84 City	85 Zip Code
44 6		2007 4500 50 11 0		FL 00 = 1000
office or registered a	agent, or both, in the State	or florida, Such change wagations of, Section 607.0505,	is authorized by the cor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typ	ed or printed name of registered ag		IOTE Hegislered Agert's gnatur	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Athan F 6	TOLL DELETE	£ 1.1 Ti∏↓€	Change Additio
NAME OF	athan E. B	Hwy.	1.2 NAME	
STREET ADDRESS 200	f. 5340	اينصص	1.3 STREET ADDRESS	
CITY-ST-ZIP WY	1 TC 3340		1.4 Cilly - ST - ZiP	
TITLE DIS	ia levia	L_] DELETE	2.1 TITLE	L] Change L] Additio
NAME STREET ADDRESS 322	Ca Project	dinciana.Plaz	22 NAME	
	Bench	FE 33480	C O OTHER THE PROPERTY.	
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CITY-ST-ZIP			4.4 City - St - ZiP	
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STREET ADDRESS		•	5.3 STREET ADDRESS	
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TITLE		DELETI	6 1 TITLE	Change Adortio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-Zip			6.4 CITY - ST- ZIP	
14. I do hereby certify the			ality for the exemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated	d on this annual report or :	supplemental annual report i	s true and accurate and	of that my signature shall have the same logal effect as if made under oath; the report as required by Chapter 607, Florida Statules; and that my name