

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047362 (4)**

1. Corporation Name
JESUS MUSIC PRODUCTIONS, INC.

Principal Place of Business 15653 SW 96 TERRACE MIAMI FL 33196	Mailing Address P.O. BOX 432800 MIAMI FL 33243-2800
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CHANGE OF ADDRESS



2. Principal Place of Business 21 15653 SW 96 TERRACE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL 33196-3805 Zip Country 24 33196-3805 USA	2a. Mailing Address 26 PO BOX 432800 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL 33243-2800 Zip Country 29 33243-2800 USA
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3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report
4. FEI Number 65-0680550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HANCOCK-MORIN, CHRISTINA
~~8753 SW 154 CIRCLE PLACE~~
~~MIAMI FL 33193~~ **CHANGE OF ADDRESS**

10. Name and Address of New Registered Agent

81 Name SAME CHRISTINA HANCOCK-MORIN
82 Street Address (P.O. Box Number is Not Acceptable) 15653 SW 96 TERRACE
83
84 City MIAMI
85 Zip Code FL 33196-3805

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Christina Morin* **CHRISTINA MORIN, REGISTER AGENT** **4/17/97**
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 PC	<input type="checkbox"/> DELETE
NAME MORIN-RODRIGUEZ, F. JAVIER	
STREET ADDRESS 8753 SW 154 CIRCLE PLACE	
CITY-ST-ZIP MIAMI FL 33193	
TITLE VST	<input type="checkbox"/> DELETE
NAME HANCOCK-MORIN, CHRISTINA	
STREET ADDRESS 8753 SW 154 CIRCLE PLACE	
CITY-ST-ZIP MIAMI FL 33193	
TITLE D	<input type="checkbox"/> DELETE
NAME HANCOCK-MORIN, CHRISTINA	
STREET ADDRESS 8753 SW 154 CIRCLE PLACE	
CITY-ST-ZIP MIAMI FL 33193	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15653 SW 96 TERRACE
1.4 CITY-ST-ZIP	MIAMI, FL 33196-3805
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15653 SW 96 TERRACE
2.4 CITY-ST-ZIP	MIAMI, FL 33196-3805
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	15653 SW 96 TERRACE
3.4 CITY-ST-ZIP	MIAMI, FL 33196-3805
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Javier Morin-Rodriguez* **JAVIER MORIN-RODRIGUEZ** **4/17/97** **(305) 387-3813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)