

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

FILED

May 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000051654 (7)**

1. Corporation Name  
**DAVIDA PRODUCTIONS INC.**



Principal Place of Business <b>915 SW 22 AVE NO 8 POMPANO FL 33062</b>	Mailing Address <b>915 SW 22 AVE NO 8 POMPANO FL 33062-7003</b>
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3. Date Incorporated or Qualified <b>06/17/1996</b>	3a. Date of Last Report
4. FEI Number <b>650689104</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>Pompano Beach</b>	26 <b>915 se 22 ave no8</b>
22 <b>Pompano Beach, FL</b>	27 <b>suite 8</b>
23 <b>33062</b> <b>Florida</b>	28 <b>33062</b> <b>Florida</b>
24 <b>Zip</b>	29 <b>Zip</b>
25 <b>Country</b>	30 <b>Country</b>

9. Name and Address of Current Registered Agent <b>ROSAYN, DAVIDA G 915 SW 22 AVE NO 8 POMPANO FL 33062</b>	10. Name and Address of New Registered Agent
81 Name <b>Rosayn, Davida G</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>915 SE 22 Ave no8</b>
83 <b>Pompano Beach</b>	84 <b>FL</b>
	85 Zip Code <b>33062</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Rosayn, Davida G</b>		1.2 NAME	
STREET ADDRESS <b>915 SW 22 Ave no8</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>		1.4 CITY-ST-ZIP	
TITLE <b>Vice President</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andjelkovic, Sava</b>		2.2 NAME	
STREET ADDRESS <b>915 SE 22 ave no8</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>		2.4 CITY-ST-ZIP	
TITLE <b>Secretary</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andjelkovic Dobrivoje</b>		3.2 NAME	
STREET ADDRESS <b>915 SE 22 ave no8</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>		3.4 CITY-ST-ZIP	
TITLE <b>Treasurer</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andjelkovic Slavka</b>		4.2 NAME	
STREET ADDRESS <b>915 SE 22 ave no8</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pompano Beach, FL 33062</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *David Rosayn* **2/10/97** **954/781-6220**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)