

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

FILED

May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000058307 (5)**

1. Corporation Name

**STAGE PROFESSIONAL SERVICES, INC.**



Principal Place of Business

**3446 S.W. 15 STREET  
MIAMI FL 33145**

Mailing Address

**3446 S.W. 15 STREET  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>07/11/1996</b>	
<b>21</b> <b>511 75th STREET</b>	<b>26</b> <b>511 75th STREET</b>	<b>4. FEI Number</b> <b>65-0680976</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b> <b>APT. # 3</b>	<b>27</b> <b>APT. # 3</b>	<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State	City & State	<b>Trust Fund Contribution</b> <input type="checkbox"/>			
<b>23</b> <b>MIAMI BEACH, FL</b>	<b>28</b> <b>MIAMI BEACH, FL</b>	<b>8. This corporation owes or has paid the current year Intangible</b>		<b>Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Zip				
<b>24</b> <b>33141</b>	<b>29</b> <b>33141</b>				
Country	Country				
<b>25</b> <b>DADE</b>	<b>30</b> <b>DADE</b>				

**9. Name and Address of Current Registered Agent**

**PALACIOS, OSVALDO  
511 75TH ST. #3  
MIAMI BEACH FL 33141**

**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's signature required when reinstalling)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>DP</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALACIOS, OSVALDO</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>511 75TH ST., #3</b>	<b>1.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	<b>1.4</b> CITY-ST-ZIP	
TITLE	<b>DV</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, RODOLFO D</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>3446 S.W. 15 STREET</b>	<b>2.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	<b>2.4</b> CITY-ST-ZIP	
TITLE		<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>3.2</b> NAME	
STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>3.4</b> CITY-ST-ZIP	
TITLE		<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>4.4</b> CITY-ST-ZIP	
TITLE		<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>5.4</b> CITY-ST-ZIP	
TITLE		<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>6.4</b> CITY-ST-ZIP	

**14. I 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 in an attachment with an address.**

SIGNATURE:

*[Handwritten Signature]*

4-27-98 / 305 / 868-9508

CP2E034 (10/97)