

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

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000059829
 1. Corporation Name
MARTA RAULINO'S ARTISTIC PRODUCTIONS & PROMOTIONS INC

Principal Place of Business Mailing Address
17096 COLLINS AVE # D211 NEW
NORTH MIAMI BEACH FL 33160

21. Principal Place of Business SAME	2a. Mailing Address SAME
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified JULY 17/96	3a. Date of Last Report
4. FEI Number 65-0684150	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTA RAULINO NOGUEIRA 17096 COLLINS AVE # D211 N. MIAMI BEACH FL 33160				81. Name	MARTA RAULINO NOGUEIRA		
				82. Street Address (P.O. Box Number is Not Acceptable)	17096 COLLINS AVE # D211		
				83. City	N. MIAMI BEACH		
				84. State	FL	85. Zip Code	33160

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]* DATE: **05-29-97**

12. OFFICERS AND DIRECTORS

TITLE	P/T MARTA RAULINO NOGUEIRA	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	17096 COLLINS AVE # D211	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME	//	
STREET ADDRESS	//	
CITY-ST-ZIP	//	
TITLE		<input type="checkbox"/> DELETE
NAME	//	
STREET ADDRESS	//	
CITY-ST-ZIP	//	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	400002207854
5.3 STREET ADDRESS	-06/10/97--01078--032
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05
6.3 STREET ADDRESS	6/10/97
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **05-29-97** (305) 945.5714

CR2E034 (9/96)