


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 13 AM 8:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000067303 (3)**

1. Corporation Name
F 5, 6 PRODUCTIONS, INC.



Principal Place of Business 1681-79 STREET CAUSEWAY SUITE 100-F NORTH BAY VILLAGE FL 33141	Mailing Address 1681-79 STREET CAUSEWAY SUITE 100-F NORTH BAY VILLAGE FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1681-79 STREET CAUSEWAY Suite, Apt. #, etc. 22 100-C City & State 23 NORTH BAY VILLAGE FL Zip 24 33141 Country 25 Dade	2a. Mailing Address 26 1681-79 STREET CAUSEWAY Suite, Apt. #, etc. 27 100-C City & State 28 NORTH BAY VILLAGE FL Zip 29 33141 Country 30 Dade
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4. FEI Number 58-225 4571	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BABOT, MARTHA B
1681-79 STREET CAUSEWAY
SUITE 100-F
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent	
81 Name BABOT, MARTHA B	
82 Street Address (P.O. Box Number is Not Acceptable) 1681-79	
83 STREET CAUSEWAY SUITE 100-C	
84 City North Bay Village	85 Zip Code FL 33141

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	ALVAREZ, INOCENTE A
STREET ADDRESS	1681-79 STREET CAUSEWAY
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
TITLE	VTD <input type="checkbox"/> DELETE
NAME	BABOT, MARTHA B
STREET ADDRESS	1681-79 STREET CAUSEWAY
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141
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	
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 on optional 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 partner 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.

CR2E034 (4/97)

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F 5,6 PRODUCTIONS

1681 - 79 St. Causeway Suite #100c
North Bay Village, FL 33141

*DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500*

ATTN: LESLIE SELLERS

DEAR: MRS. SELLERS:

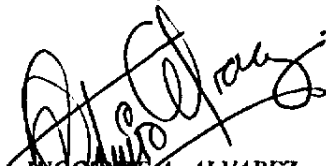
PERSUANT TO OUR CONVERSATION IN REGARDS TO 1997 PROFIT CORPORATION ANNUAL REPORT FOR F5,6 PRODUCTIONS, INC., PLEASE FIND CHECK # 188 IN THE AMOUNT OF \$165.00 FOR PAYMENT OF FILING FEE. AS I EXPLAINED TO YOU, AND AGREED UPON OVER THE PHONE THE ADDRESS ON YOUR RECORDS IS WRONG BEING THAT ARE THE REASON AS TO WHY THE REPORT NEVER GOT TO US ON TIME.

PLEASE, CORRECT THE ADDRESS IN YOUR RECORDS TO:

*F5,6 PRODUCTIONS, INC.
1681 - 79 ST. CAUSEWAY SUITE #100C
NORTH BAY VILLAGE, FL 33141*

SHOULD YOU HAVE ANY ADDITIONAL QUESTION, PLEASE DO NOT HESITATE TO CONTACT US AT (305)-866-6898. YOUR COPERATION IN THIS MATTER IS GREATLY APPRECIATED.

SINCERELY,


*FRANCISCO A. ALVAREZ
PRESIDENT*