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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #Corporation Name P96000086652 (0)

IN YOUR FACE ENTERTAINMENT, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1	, indicade ing tales bille deint autit autit bålbt iffeld ditin			III MAA MEI
3923 NE 166TH STREET #211-N PO BOX 601545 NORTH MIAMI BEACH FL 33160 N MIAMI BCH FL 33160									
NOT IT MINN	II BENON PL 33100	N MIAMI BCH FL 33160 US				DO NOT WRI	TE IN THIS S	SPACE	
					ſ	3. Date Incorporated or Qualified	ĺ		
2 Dringing D	None of Dusiness	I de tarme Addison				10/18/1996		- , , .	
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number			pplied For
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			65-0729830	J		ot Applicable Additional	
22 27						5. Certificate of Status Desired	X		equired
City & Stat	6	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip 24			30	Country		8. This corporation owes or has p	_		targible No
[24]	9. Name and Address of Curre	29 ent Registered Agent	[30]			Personal Property Tax due Jur 10. Name and Address of New F			NAO .
МА	LDONADO, ANNETTE		81	Name					
3923 NE 168TH STREET #211-N				Street	Address	s (P.O. Box Number is Not Accept	able)		
NORTH MIAMI BEACH FL 33160				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			B3						
			84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the abovi	e-named	corpora	ation submits this statement for the	purpose of	changing it	ts registered
office or r	registered agent, or both, in the Statum familiar with, and accept the obtain	e of Florida. Such change was a	uthorized by	the corp	poration	's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE	(innettes)	Maldonado	nida Otalojo				4/	9/98	ا مر
	Signature, typed or printed name of registered as	pent and trin if applicable (NOTI	: Registered Apr	ent eignature	e required w	- -	DATE	7	
12.		ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	VP ANDONADO ANOCIO	☐ DELETE	1.1 TITLE			esident		Change	☐ Addition
NAME STREET ADDRESS	MALDONADO, ANGELO 3923 NE 186 ST 211 N			1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	N MIAMI BCH FL 33160		1.4 CITY - S						
TITLE	P	DELETE	2.1 TITLE	1-211	111	ee President		Change	Addition
NAME	MALDONADO, ANNETTE		2.2 NAME		,,,,	1 () = ()		/ -	
STREET ADDRESS	3923 NE 166 ST 211 N		2.3 STREET ADDRESS						
CITY-ST-ZIP	NO MIA. BCH FL 33160		2. 4 CITY - ST - ZIP						
TITLE		☐ DELETE	3.1 TITLE					L. Change	Addition
NAME			3.2 NAME	1000					
STREET ADDRESS CITY+ST+ZIP			3.3 STREET						
TITLE	<u> </u>	☐ DELETE	3.4. CITY-5)1-2IP	 			Change	Addition
NAME		—	4. 2 NAME						
STREET ADDRESS			4.3 STREET ADORESS						
CITY-ST-Z#P			4.4 CITY+ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREET						
CITY-ST-ZIP		DELETE	5.4 CITY-S	1-ZIP	-			Change	☐ Addition
TITLE		טנגנונ 🗀 טנגנונ	6.1 TITLE					TH CHAILDS	C) MODITION
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS					į
STREET ADURESS			0.3 3 1 1 1 2	AUDITOS					i

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 any an attachment with an enderes.