

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 24 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000006559 (3)
 1. Corporation Name

LIDIA'S PRODUCTIONS INC.



Principal Place of Business: 561 N.E. 79TH STREET #206 MIAMI FL 33168
 Mailing Address: 561 N.E. 79TH STREET #206 MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 01/16/1997

4. FEI Number: 65-0720723 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. #205 City & State: 22 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. #205 City & State: 27 Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: MARTINEZ, ROBERTO 561 N.E. 79TH STREET #206 MIAMI FL 33168

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: PD NAME: MARTINEZ, ROBERTO DELETED STREET ADDRESS: 561 N.E. 79TH STREET #206 CITY-ST-ZIP: MIAMI FL 33168

TITLE: VP NAME: MARTINEZ, MABEL DELETED STREET ADDRESS: 561 N.E. 79TH STREET #206 CITY-ST-ZIP: MIAMI FL 33168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: Change Addition

2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: Change Addition

3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: Change Addition

4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: Change Addition

5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: Change Addition

6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: Change Addition

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 on an attachment with an address.

SIGNATURE: _____ 7/6/98 (305) 2589870

CR2E034 (5/98)

4082

LIDIA'S Productions Inc

561 N.E. 79TH STREET SUITE # 205, MIAMI, FL. 33138

Miami, July 7th. 1998.

*Florida Department of State
Division of Corporations
Tallahassee.*

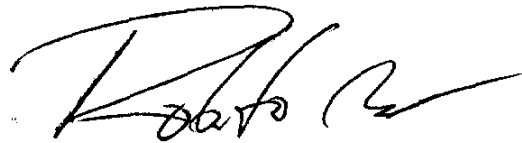
Dear Sir or Madam.-

*We did not received any annual Corporation
Report Application or notice for payment related with our
coorporation.*

*Enclosed is our chech for \$150.00 and we
apologize for the lateness of this payment.*

*We hope that the delay has not caused as
any penalty.*

Sincerly,



Roberto Martinez