

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

FILED
Jul 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025464 (3)

1. Corporation Name
TRIPARTITE ENTERTAINMENT GROUP, INC.

Principal Place of Business
890 SOUTH DIXIE HIGHWAY
MIAMI FL 33146

Mailing Address
890 SOUTH DIXIE HIGHWAY
MIAMI FL 33146

DO NOT WRITE IN THIS SPACE

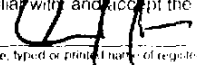
3. Date Incorporated or Qualified 03/17/1997	
4. FEI Number 65-0845131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May 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	

2. Principal Place of Business	2a. Mailing Address
21 5520 NW 72nd Ave	26 5520 NW 72nd Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI FL	28 MIAMI FL
24 33145	29 33145
25 Dade	30 Dade

9. Name and Address of Current Registered Agent
SCHREIBER, GERHARDT A
890 SOUTH DIXIE HIGHWAY
MIAMI FL 33146

10. Name and Address of New Registered Agent
81 Name ALBERTO DE ROJAS
82 Street Address (P.O. Box Number is Not Acceptable) 5520 NW 72nd Ave
83
84 City MIAMI
85 Zip Code FL 33145

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  DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVE CALDERON		1.2 NAME	
STREET ADDRESS 5520 NW 72nd Ave		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33145		1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBERTO DE ROJAS		2.2 NAME	
STREET ADDRESS 5520 NW 72nd Ave		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33145		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE:  DATE 4/28/98 (305) 888-2277

CR2E034 (10/97)