

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

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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moribama Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000029564 (6)

1. Corporation Name

MIAMI PLAYERS, INC.

Principal Place of Business

Mailing Address

10474 SW 72ND ST
MIAMI FL 33173

10474 SW 72ND ST
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0751967	
24 Country		29 Country		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNIE BOWERS AND ASSOCIATES, INC.
16938 S DIXIE HWY
MIAMI FL 33157

81 Name	Charles L. Jones
82 Street Address (P.O. Box Number is Not Acceptable)	9400 SW 168 ST #9
83	
84 City	Miami
85 State	FL
86 Zip Code	33157

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles L. Jones 2-29-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	LISA L. MERRITT	1.1 TITLE	T	NAME	
STREET ADDRESS	15260 SW 153 ST	STREET ADDRESS	15260 SW 153 ST	1.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	CITY-ST-ZIP	MIAMI FL 33187	1.3 STREET ADDRESS		CITY-ST-ZIP	
				1.4 CITY-ST-ZIP			
TITLE	VP	NAME	Lisa L. Merritt	2.1 TITLE		NAME	
STREET ADDRESS	15260 SW 153 ST	STREET ADDRESS	15260 SW 153 ST	2.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	CITY-ST-ZIP	MIAMI FL 33187	2.3 STREET ADDRESS		CITY-ST-ZIP	
				2.4 CITY-ST-ZIP			
TITLE	S	NAME	Lisa L. Merritt	3.1 TITLE		NAME	
STREET ADDRESS	15260 SW 153 ST	STREET ADDRESS	15260 SW 153 ST	3.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	CITY-ST-ZIP	MIAMI FL 33187	3.3 STREET ADDRESS		CITY-ST-ZIP	
				3.4 CITY-ST-ZIP			
TITLE	T	NAME	Lisa L. Merritt	4.1 TITLE		NAME	
STREET ADDRESS	15260 SW 153 ST	STREET ADDRESS	15260 SW 153 ST	4.2 NAME		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	MIAMI FL 33157	4.3 STREET ADDRESS		CITY-ST-ZIP	
				4.4 CITY-ST-ZIP			
TITLE	UP	NAME		5.1 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		5.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS		CITY-ST-ZIP	
				5.4 CITY-ST-ZIP			
TITLE	S	NAME		6.1 TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		6.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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)(l), 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:

Lisa Merritt

1-29-98 (305) 271-2110

CR2E034 (10/97)