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).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043009 (4)

PACE UNLIMITED PRODUCTIONS, INC.

13749 SW149 CIRCLE LANE #1 13749 SW149 CIRCLE LANE #1 MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0756 4*5* 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PACE. EUGENE 13749 SW149 CIRCLE LANE #1 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186** 83 84 City 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) Signature, typed or printed name of registered agent and title it applicable CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PACE, EUGENE 1.2 NAME NAME 13749 SW149 CIRCLE LANE #1 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY-ST-ZIP 21 TITLE TITLE DELETE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE Change DELETE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change DELETE. Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS 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 807, Florida Statutes; and that my name appears

7-14-98/2051259-05

FILED

Jul 22 1998 8:00am

Secretary of State