


05-27-1999 90009 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000085434

1. Corporation Name
STOGIE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1825 N.E. 149 STREET SUITE 101 MIAMI FL 33181	1825 N.E. 149 STREET SUITE 101 MIAMI FL 33181

Mailing Address
1825 N.E. 149 STREET
SUITE 101
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1998

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0870518	Applied For
				Not Applicable

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----	---------------------	----	---------------------	--	---------------------------------------

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--------------	--------------	---	-----------------------------

24	Zip	Country	25	Zip	Country	26	Zip	Country	27	Zip	Country	28	Zip	Country	29	Zip	Country	30	Zip	Country	31	Zip	Country	32	Zip	Country	33	Zip	Country	34	Zip	Country	35	Zip	Country	36	Zip	Country	37	Zip	Country	38	Zip	Country	39	Zip	Country	40	Zip	Country	41	Zip	Country	42	Zip	Country	43	Zip	Country	44	Zip	Country	45	Zip	Country	46	Zip	Country	47	Zip	Country	48	Zip	Country	49	Zip	Country	50	Zip	Country	51	Zip	Country	52	Zip	Country	53	Zip	Country	54	Zip	Country	55	Zip	Country	56	Zip	Country	57	Zip	Country	58	Zip	Country	59	Zip	Country	60	Zip	Country	61	Zip	Country	62	Zip	Country	63	Zip	Country	64	Zip	Country	65	Zip	Country	66	Zip	Country	67	Zip	Country	68	Zip	Country	69	Zip	Country	70	Zip	Country	71	Zip	Country	72	Zip	Country	73	Zip	Country	74	Zip	Country	75	Zip	Country	76	Zip	Country	77	Zip	Country	78	Zip	Country	79	Zip	Country	80	Zip	Country	81	Zip	Country	82	Zip	Country	83	Zip	Country	84	Zip	Country	85	Zip	Country	86	Zip	Country	87	Zip	Country	88	Zip	Country	89	Zip	Country	90	Zip	Country	91	Zip	Country	92	Zip	Country	93	Zip	Country	94	Zip	Country	95	Zip	Country	96	Zip	Country	97	Zip	Country	98	Zip	Country	99	Zip	Country	100	Zip	Country
----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	----	-----	---------	-----	-----	---------

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
---	--	--	--

GARCIA, EILEEN B 1825 N.E. 149 STREET SUITE 101 MIAMI FL 33181	81	Name		
	82	Street Address (P.O. Box Number is Not Acceptable)		
	83			
	84	City	FL	85

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
-----	------------------------	-----	---

TITLE	PRESIDENT & TREAS.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCENT G. DIROGA		1.2 NAME		
STREET ADDRESS	1825 N.E. 149 ST. STE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33181		1.4 CITY-ST-ZIP		

TITLE	VICE PRESIDENT & SECTY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEEN B. GARCIA		2.2 NAME	
STREET ADDRESS	1825 NE 149 ST STE 101		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33181		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 99 - 705-945-2024