

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90015 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000086501

1. Corporation Name

KIDS IN EXILE FILMS, INC.



Principal Place of Business

182 MADEIRA AVE
 CORAL GABLES FL 33134

Mailing Address

182 MADEIRA AVE
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

2. Principal Place of Business

21 145 MADEIRA AVE
 Suite, Apt. #, etc. #101

2a. Mailing Address

26 145 MADEIRA AVE
 Suite, Apt. #, etc. #101

4. FEI Number

65-0870108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

8. This corporation owes the current year Intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

ZUBIZARRETA, MICHELLE
 3300 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME CARDONA, JOE
 STREET ADDRESS 182 MADEIRA AVE
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D DELETE
 NAME ZUBIZARRETA, MICHELLE
 STREET ADDRESS 3300 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 145 MADEIRA AVE #101
 1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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

3.1 TITLE Change Addition
 3.2 NAME Mariodevarona
 3.3 STREET ADDRESS 145 Madeira Ave #101
 3.4 CITY-ST-ZIP Coral Gables, FL 33134

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

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99 305-446-1447

Date

Daytime Phone #

CR2E034 (5/99)