

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S09861 (3)
 1. Corporation Name
SCREEN REFLECTIONS, INC.



Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES FL 33134	Mailing Address 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES FL 33134-3042
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21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25 2a. Mailing Address Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/31/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0227692	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOLANOS, ANA M. 19363 BAYBERRY CIR. CT. MIAMI FL 33015

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
12. TITLE <input type="checkbox"/> DELETE P BOLANOS, ANA M. 19363 BAYBERRY CIR. CT. MIAMI FL 33015	
13. TITLE <input type="checkbox"/> DELETE 	
14. TITLE <input type="checkbox"/> DELETE 	
15. TITLE <input type="checkbox"/> DELETE 	
16. TITLE <input type="checkbox"/> DELETE 	
17. TITLE <input type="checkbox"/> DELETE 	
18. TITLE <input type="checkbox"/> DELETE 	
19. TITLE <input type="checkbox"/> DELETE 	
20. TITLE <input type="checkbox"/> DELETE 	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: *ANA BOLANOS, PRES.* **ANA BOLANOS, PRES.** **4/11/97** **305-448-1648**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)