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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	n Name						l					
VERO	ENTERTAINM	ENT, INC.										<b>***</b>
Principal Place	of Business		Mailing Addres	ss			•	19811 911881 11891 (8)1		BANA WINNI BARAN B		AFEIT DIBIT TÂBE
1918 U.S. HV VERO BEACH			2887 BANYAI BOCA RATO									
US	112 02300		US BOOK HATO	4 FL 33431						<del></del>		
								licorporated or 6 1/05/1992	Qualified	3a. Date o		
2. Principal Pla	ace of Business		2a. Mailing Ade	dress			4. FETN			1 00/0	01/199	Applied For
21			26				6	5-0318162				Not Applicat
Suite, Apt	#, etc.		Suite, Apt.	#, etc.				ficate of Status D	esired			Additional
22 City & State			City & State							<b></b>		Required
23	,		28	J			4	tion Campaign Fin t Fund Contributio				<b>0</b> May Be d to Fees
Zio		ountry	Zφ		Country	/		corporation has b		ntangible tax i		
24	25		29		30		Florid	da Statutes	Yes Yes	<b>₩</b> No		,
	9. Name and	Address of Currer	nt Registered Agen	t	81	Name	10. Nan	ne and Address	of New Re	egistered Ag	jent	
AVÆDDO.	OK, CHARLES	•										
	NYAN BLVD. CI				82	Street A	iddress (P.O. Bo	ox Number is Not	Acceptable	0)		
	ATON FL 33431				83	<del> </del>						
					84	City	· · · · · · · · · · · · · · · · · · ·					
										— <b>⊢</b> I ∣		o Code
11 Pursuant t	a the provisions of											
or registere	ed agent, or both,	Sections 607.0502 in the State of Flore	? and 607.1508, Flori da. Such change wa	oa Statute: s authorize	s, the above : d by the core	named cor oration's b	poration submit	s this statement f	or the purp	ose of chang	ging its r	egistered offi
or registere familiar wit	ed agent, or both, h, and accept the	Sections 607.0502 in the State of Flori obligations of, Sect	and 607.1508, Flori da. Such charigo wa ion 607.0505, Florida	da Statule; s authorized s Statutes.	s, the above : d by the corp	named cor oration's b	poration submit poard of director	s this statement f is. Thereby accep	or the purp t the appo	ose of chang intment as re	ging its r gistered	egistered offi agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING WIRED OR DIRECTOR

3/12/96 407-994-2775 Sada o Prone 1 2 2 96