

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V29966** (1)

1. Corporation Name
APRIL PRODUCTIONS, INC.

Principal Place of Business 3625 NW 82 AVE SUITE 100 MIAMI FL 33166	Mailing Address 3625 NW 82 AVE SUITE 100 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/15/1992	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business 21 11645 Biscayne Blvd Suite, Apt. #, etc. 22 304 City & State 23 Miami FL Zip 24 33180	2a. Mailing Address 26 11645 Biscayne Blvd Suite, Apt. #, etc. 27 304 City & State 28 Miami FL Zip 29 33180 Country 30 US
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4. FEI Number 65-0332268	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. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGMAN, PHILIP H.
3625 NW 82 AVE
SUITE 100
MIAMI FL 33166

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	11645 Biscayne Blvd
B3	304
B4 City	Miami
B5 State	FL
B6 Zip Code	33180

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BERGMAN, PHILIP H.
STREET ADDRESS	3625 NW 82 AVE., SUITE 100
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11645 Biscayne Blvd # 304
1.4 CITY - ST - ZIP	Miami FL 33180
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a new form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR

Date

Telephone Number

[Signature] **PH Bergman** **4/27/95** **305-891-4941**