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**Jan 22 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 531372 (1)

1. Corporation Name
MEDIA DEPARTMENT II, INC.



Principal Place of Business

**1110 BRICKELL AVE
SUITE 430
MIAMI FL 33131
US**

No "n"

Mailing Address

**1110 BRICKELL AVE
SUITE 430
MIAMI FL 33131-3170
US**

3. Date Incorporated or Qualified
04/12/1977

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-1738380

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NUCCIO, ROSEMARIE
7985 S.W. 98 TER
MIAMI FL 33131**

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 of Officer, Director, or Registered Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **C**
KEOGHAN, KEN
STREET ADDRESS **1110 BRICKELL AVENUE, #430**
CITY - ST - ZIP **MIAMI FL 33131**

TITLE DELETE
NAME **P**
NUCCIO, ROSEMARIE
STREET ADDRESS **7985 SW 98TH TERRACE**
CITY - ST - ZIP **MIAMI FL 33158**

TITLE DELETE
NAME **VS**
GARLAND-RUIZ, STEPHANIE
STREET ADDRESS **20904 LEEWARD COURT, #222**
CITY - ST - ZIP **NORTH MIAMI BEACH FL 33180**

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 **KEOUGHAN, KEN**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: *Stephanie Ruiz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

Daytime Phone

305 358-5178

CR2E034 (9/96)