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FILED
May 02 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 # J77906 (2)
 1. Corporation Name
VIDEOTRON INCORPORATED



Principal Place of Business
10420 S.W. 143 AVE. MIAMI FL 33186

Mailing Address
10420 S.W. 143 AVE. MIAMI FL 33186-3034

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/16/1987 | 3a. Date of Last Report 08/19/1996 |
| 4. FEI Number 59-2815272 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
STEWART, DONNARAE
13350 SW 1285T
PARK PLACE
MIAMI FL 33186

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 | P <input type="checkbox"/> DELETE |
| NAME | LEE, GEORGE Y.W. |
| STREET ADDRESS | 10420 S.W. 143 AVE. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | LEE, WILLIAM |
| STREET ADDRESS | PONTON 68G, |
| CITY - ST - ZIP | ARUBA, DUTCH, W.IND. |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | LEE, BARBARA |
| STREET ADDRESS | 10420 SW 143 AVE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | LEE, ELEANOR |
| STREET ADDRESS | PONTON 68G |
| CITY - ST - ZIP | O'STAD, ARUBA |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LEE, NEIL |
| STREET ADDRESS | LOD VAN NASSAUSTR 8 |
| CITY - ST - ZIP | SAN NICOLAS, ARUBA |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | WONG, ANNA |
| STREET ADDRESS | LAGOEN, WEG 15 |
| CITY - ST - ZIP | OSTAD, ARUBA |

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** **4-24-97 (305) 387-7646**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/96)