

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0054245

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 NOV -2 PM 3:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/16/1987	
4. FEI Number 59-2815272	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 RANDY PEREZ GEORGE LEE
82 Street Address (P.O. Box Number is Not Acceptable) 2552 N. STATE RD 7
83 10420 SW 143 AVE
84 City Hollywood MIAMI FL 85 Zip Code 33186

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 George Lee DATE 10-27-98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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 checked="" type="checkbox"/> DELETE
NAME	LEE, WILLIAM	
STREET ADDRESS	PONTON 68G,	
CITY-ST-ZIP	ARUBA, DUTCH, W.IND.	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEE, BARBARA	
STREET ADDRESS	10420 SW 143 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEE, ELEANOR	
STREET ADDRESS	PONTON 68G	
CITY-ST-ZIP	O'STAD, ARUBA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, NEIL	
STREET ADDRESS	LOD VAN NASSAUSTR 8	
CITY-ST-ZIP	SAN NICOLAS, ARUBA	
TITLE	AS	<input checked="" 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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wong, ANNA.
2.3 STREET ADDRESS	LAGOEN WEG 15
2.4 CITY-ST-ZIP	OSTAD, ARUBA
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	800002682648-3
4.3 STREET ADDRESS	-11/06/98--01094--010
4.4 CITY-ST-ZIP	***1100.00 ***550.00
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 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: George Lee SIGNATURE REQUIRED 9-23-98 (205) 287-7646

CR2E034 (5/98)