File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400 00 LATE FEE.

enplect	to a \$ 40	0.00 LATE FEE.					_				
	Y COMPANY EPORT	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								99 APR -8 AM II: 45			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000864								S'Carrier and TE			
OLE COMMUNICATIONS GROUP (US), I.C. 5201 BLUE LAGOON DRIVE SUITE 650 MIAMI FL 33126								1a. Principal Place of Business Address 5201 BLUE LAGOON DRIVE SUITE 650 MIAMI FL 33126			
2 Principal Place of Business 2a. M				Mailing Address				1		3a. State of Formation F L	
Suite, Apt. #, etc. Sui			Suite, Apl	uite, Apt. #, etc.			4. FEI Number		I	Applied For	
City & State			City & State							Not Applicable	
Zip		Country	Z _(p)	Countr		y	5. Date of Last Report			cate of Status Desired	
	7. Name	and Address of Current F	registered	Agent 8. N			. Name and Addre	Name and Address of New Registered Agent/Office			
CORAL GABLES FL 33134 Suite, Apt #, etc City P. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limiter its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirm.							-04/15/3901093022 ****186.35e ****188.75 FL Inability company submits this statement for the purpose of changing				
	•	accept the obligations									
SIGNATU	RE	(Registered Agent Accepting Ag	gioritrienti (fi	KIR Regional	April Separtio	n quited when reliable	(1)	DATE			
10. Title	Managing Members/Managers			Business Street Address			S	City, State and Zip Code			
MGRM	cusco,	ENRIQUE		5201	BLUE	LAGOON	DRIVE	MIAMI	FL		
MEM	I.V.C.	TELEVISON,	INC.	5201	BLUE	LAGOON	DRIVE	IMAIM	FL		
•								Q.	ر د		

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

Charles Brake

MHSE IO D (19-08)

SIGNATURE: