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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P95000069286 (9)

1. Corporation Name:
FOX AMERICA CORP.

Principal Place of Business:

**7839 N.W. 15 STREET
 MIAMI FL 33126**

Mailing Address:

**7839 N.W. 15 STREET
 MIAMI FL 33126-1109**

2. Principal Place of Business:

2a. Mailing Address:

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 607.01(2) and 607.15(9), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature for Registered Agent (Print Name and Title)

Signature for Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETED
NAME	LIE, TJHUN T	
STREET ADDRESS	7839 N.W. 15 STREET	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY- ST- ZIP	
19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY- ST- ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY- ST- ZIP	
27 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or statement of 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 registered office agent; 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 registered office agent; and that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 12 or Block 13 of this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as required by Chapter 607, Florida Statutes.

CR2E034 (9/96)