

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000027282 (8)
 1. Corporation Name
DUNES BROADCASTING TRADING INC.



Principal Place of Business: **121 SE 1ST STREET MIAMI FL 33131 US**
 Mailing Address: **121 SE 1ST STREET MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **121 SE 1ST STREET MIAMI FL 33131 US**
 2a. Mailing Address: **121 SE 1ST STREET MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **03/28/1996**
 4. FEI Number: **65-0653304**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

g. Name and Address of Current Registered Agent
DOMINGUES, EDSON C
745 MYRTLEWOOD LANE
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **50 OCEAN LANE DR # 206**
 83
 84 City: **KEY BISCAYNE FL** 85 Zip Code: **33149**

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]* DATE: **04-22-98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	DOMINGUES, EDSON C	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VST	<input type="checkbox"/>
NAME	MENDONCA, LUCIMAR A	
STREET ADDRESS	745 MYRTLEWOOD LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	50 OCEAN LANE DR # 206		
1.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	50 OCEAN LANE DR # 206		
2.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* DATE: **04-22-98**

CP2E034 (1097)