FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A32376

98 DEC 31 AM 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



MELBOURNE INTERNATIONAL	COMMUNICATIONS,	LTD.				
Mailing Address 2571 N.E. KIRBY AVENUE PALM BAY FL 32905	Principal Office Address 2571 N.E. KIRBY AVENUE PALM BAY FL 32905	-		3. Date Formed or Registered 12/19/1991 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$97,300.00	
2. Mailing Address	2a. Principal Office Address	-		09/18/1997 4. State or Country of Formetion	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 59-3099956 Applied For Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country	Zip 	Country			tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD.	Street Address		ess (P.O. Bo	P.O. Box Number is Not Acceptable)		
*	Suite, Apt. #, etc.		t etc	8000027483082 -01/20/9901084015		
1600 MIAMI CENTER MIAMI FL 33131	City			****437.50 ****437.50 FL		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY						
A GENERAL PARTNER THAT IS MUST	<u>BE REGISTERED ANI</u>	O ACTIV	PART E WIT	H THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner (Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
WAJAY INVESTMENTS, INC.	3620 GRANADA BLVD.		COR	AL GABLES FL	88888 (8) 8988	
				8000027 -01/20/ *****8	483082 99-01084016_	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is trut and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this tepor as required by chapte 620, Florida Statutes.						
SIGNATURE X						
Typed or Printed Name of General Partner Signing Form						