

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F90420 (3)
 1. Corporation Name
ANTENNA WORLD, INCORPORATED

Principal Place of Business 9500 NW 12 ST #15 MIAMI FL 33172	Mailing Address 9500 NW 12 ST #15 MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9500 NW 12 ST Suite, Apt. #, etc. #5 City & State MIAMI FL Zip 33172 Country USA		2a. Mailing Address 26 9500 NW 12 ST Suite, Apt. #, etc. #5 City & State MIAMI FL Zip 33172 Country USA		3. Date Incorporated or Qualified 07/13/1982	
		4. FEI Number 59-2246864		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 type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PLA, RAUL J. 1623 SW 100 AVE MIAMI FL 33165				10. Name and Address of New Registered Agent 81 Name PLA, RAUL J. 82 Street Address (P.O. Box Number is Not Acceptable) 83 9500 NW 12 ST #5 84 City MIAMI FL 85 Zip Code 33172			
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	<input type="checkbox"/> DELETE		1.1 TITLE	PK/MY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, RAUL J.			1.2 NAME	PLA, RAUL J		
STREET ADDRESS	1623 SW 100 AVE			1.3 STREET ADDRESS	9500 NW 12 ST #5		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, LAURA G			2.2 NAME			
STREET ADDRESS	6535 SW 52ND TERR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, RAUL H			3.2 NAME			
STREET ADDRESS	6535 SW 52ND TERR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, CARMEN S.			4.2 NAME	PLA, CARMEN S		
STREET ADDRESS	1623 SW 100 AVE			4.3 STREET ADDRESS	9500 NW 12 ST #5		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, RAUL G.			5.2 NAME			
STREET ADDRESS	1623 S.W. 100 AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLA, GABRIEL A.			6.2 NAME			
STREET ADDRESS	1623 S.W. 100 AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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: *Raul J. Pla* 3-20-98 3054719567 x21

CR2E034 (10/97)