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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000005264 (4) DOCUMENT # 1. Corporation Name

TCI ARGENTINA, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	.=			i BBIBI SKILE IIBIB EII	il 8181 ID81	
5619 DTC PAI ENGLEWOOD	RKWAY	P O BOX 5630 TAX DEPT DENVER CO 80217-630		DO NOT WRITE IN TH	HIS SPACE			
		US			3. Date Incorporated or Qualified 10/10/1996			
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 84-1292935	— — ·	plied For of Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	the state of the s		5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City & State	·		6. Election Campaign Financing	\$5.00	•	
23		28		Trust Fund Contribution	Added t			
Zip	Country	Zip	Country		8. This corporation owes or has paid the		- · I	
24 25 29 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. 🕍 Yes 💢 No 10. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.								
1201 HAYS STREET TALLAHASSEE FL 32301			82	Street /	Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City			Codo	
				City	F	=L 85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Statules.								
SIGNATURE								
12.	Signature, typed or printed name of registured as OFFICERS AN	ND DIRECTORS	13,	eni signature	req. red when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS		S IN 12	
TITLE	СОВ	DELETE	1.1 THLE		ADDITIONAL OF WHICH IS	Change	Addition	
NAME	MALONE, JOHN C		1.2 NAME					
STREET ADDRESS			1.3 STAEE	ADDRESS				
CITY-ST-ZIP	ENGLEWOOD CO 80111		1.4 CiTY-	ST-ZIP				
TITLE	VCEO VIERRA, FRED A	▼ DELETE	2.1 TITLE		P/D	L Change	X Addition	
NAME Street address	5619 DTC PARKWAY		2.2 NAME		EVANS, DAVID 5619 DTC PARKWAY			
CITY-ST-ZIP	ENGLEWOOD CO 80111		2.3 STREE	T ADDRESS	ENGLEWOOD, CO 80111			
TITLE	P	X DELETE	3.1 TITLE	31.71	VP/T	☐ Change	X Addition	
NAME	SI NGER, ADAM N		3.2 NAME		SCHOTTERS, BERNARD W., II	*		
STREET ADDRESS	5619 DTC PARKWAY		3.3 STREE	T ADDRESS	5619 DTC PARKWAY		}	
CITY-ST-ZIP	ENGLEWOOD CO 80111	NOT TOWN A NOTE OF THE OWNER, THE	3.4. CITY-	ST-ZIP	ENGLEWOOD, CO 80111			
TITLE	V CLIDTIC MIDANDA	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	CURTIS, MIRANDA 6619 DTC PARKWAY		4. 2 NAME					
STREET ADDRESS	ENGLEWOOD CO 80111			T ADDRESS				
CITY-ST-ZIP TITLE	V	X DELETE	4.4 CHTY - 5.1 TITLE	51+ZIF	AV	☐ Change	X Addition	
NAME	GOWEN, WAYNE L	THE DECEME	5.2 NAME		NOSLER, DAVE	- Augusta		
STREET ADDRESS	5619 DTC PARKWAY		1	T ADDRESS	5619 DTC PARKWAY			
CITY-ST-ZIP	ENGLEWOOD CO 80111		5.4 CITY-		ENGLEWOOD, CO 80111			
TITLE	VS	☐ DELETE	6.1 TITLE		V/S/D	Change	☐ Addition	
NAME	BRETT, STEPHEN M		6.2 NAME				l	
STREET ADDRESS	\$619 DTC PARKWAY		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	ENGLEWOOD CO		6.4 CITY~	ST-ZIP				

14. Thereby 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 supplemently 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an additional with an address.