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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90039 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005264

1. Corporation Name
TCI ARGENTINA, INC.



Principal Place of Business
**5619 DTC PARKWAY
 ENGLEWOOD CO 80111**

Mailing Address
**P O BOX 5630
 TAX DEPT
 DENVER CO 80217-630
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9197 S Peoria Street
 Suite, Apt. #, etc.
22 Attn: Liberty Tax
 City & State
23 Englewood, CO
 Zip
24 80012 Country
25 USA

2a. Mailing Address
26 PO Box 5630
 Suite, Apt. #, etc.
27 Attn: Liberty Tax
 City & State
28 Denver, CO
 Zip
29 80217 Country
30 USA

3. Date Incorporated or Qualified
10/10/1996

4. FEI Number
84-1292935 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0502 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	COB <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, JOHN C	1.2 NAME	Malone, John C
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, DAVID	2.2 NAME	Blaylock, Gary
STREET ADDRESS	5619 DTC PKWY	2.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	2.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOTTERS, BERNARD W II	3.2 NAME	Flowers, David J.
STREET ADDRESS	5619 DTC PKWY	3.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	3.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, MIRANDA	4.2 NAME	Curtis, Miranda
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	4.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	AV <input type="checkbox"/> DELETE	5.1 TITLE	AV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSLER, DAVE	5.2 NAME	Nosler, Dave
STREET ADDRESS	5619 DTC PKWY	5.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	VSD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRETT, STEPHEN M	6.2 NAME	Carr, Vivian
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	9197 S Peoria Street
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP	Englewood, CO 80112

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, with all other like empowered.

SIGNATURE:

Gary Blaylock/VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
 Date

(720)875-4000
 Daytime Phone #

CR2E034 (1/98)