

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. NOTSTINE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006530 (6)

1. Corporation Name

MEDIA ONE INTERNATIONAL, INC.



Principal Place of Business 940 N.E. 170TH ST., STE 116 NORTH MIAMI BEACH FL 33162	Mailing Address 940 N.E. 170TH ST., STE 116 NORTH MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 940 N.E. 170th St. Suite, Apt. #, etc. 22 Ste. # 116 City & State 23 N. Miami Beach FL Zip 33162 24 U.S.A.		2a. Mailing Address 26 940 N.E. 170th St. Suite, Apt. #, etc. 27 Ste. # 116 City & State 28 N. Miami Beach, FL Zip 33162 29 U.S.A.		3. Date Incorporated or Qualified 12/11/1997	
		4. FEI Number 65-0794486		Applied For 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 CRISSEY, DONALD R 940 N.E. 170TH ST., STE 116 NORTH MIAMI BEACH FL 33162				10. Name and Address of New Registered Agent 81 Name MITCH KAUFMAN 82 Street Address (P.O. Box Number is Not Acceptable) 940 N.E. 170th St. --- Ste. # 116 83 North Miami Beach 84 City North Miami Beach FL 85 Zip Code 33162			
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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

Mitch Kaufman

(NOTE: Registered Agent signature required when reinstating)

2-12-98
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CRISSEY, DONALD R		1.2 NAME	MITCH KAUFMAN			
STREET ADDRESS	940 N.E. 170TH ST., STE 116		1.3 STREET ADDRESS	940 N.E. 170th St. --- Ste. # 116			
CITY - ST - ZIP	NORTH MIAMI BEACH FL		1.4 CITY - ST - ZIP	North Miami Beach, FL 33162			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAUFMAN, BEATRICE		2.2 NAME				
STREET ADDRESS	940 N.E. 170TH ST., STE 116		2.3 STREET ADDRESS				
CITY - ST - ZIP	NORTH MIAMI BEACH FL		2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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 an appointment with an address.

SIGNATURE:

Mitch Kaufman

MITCH KAUFMAN

02/02/98

(305)
652-2553

CR2E034 (10/97)