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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # G69474			!			
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ſ	.R. & MEDIA MASTER	S.INC.		1			
Principal Place of Business Mailing Address				···	-		
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P.O. BOX 524071 P.OFox 524071				!			
Miami, FL 33152-4071 P.080x 524071 Miami, FL 331				074			
rii allii j	16 33132-4071	riidiii, re 3	3132-4	971	3. Date Incorporated or Qualified 10/11/1983	3a. Date of Last F	
z. Prencipal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
1		26			59-2347240		ot Applicab
Suite Apt	#, etc.	Suite, Apt. #, etc.		:	5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State		!	6. Election Campaign Financing		May Be
3]		28			Trust Fund Contribution		to Fees
Z ₄)	Country 25	Zip	Country 30	* :	8. This corporation has liability for		
<u>"L</u>	9. Name and Address of Curre	ent Registered Agent	** /		10. Name and Address of New Re		
			81	Name			
CCTCHE7 MADTA				82 Street Address (P.O. Box Number is Not Acceptable)			
CCTCV	C7 MADTA		00	Carona Anida	and (D.O. Pay Mumber in Mal Appropri	wish	***************************************
ESTEV	EZ, MARTA		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	····
144	5 W. 36th Street		82 83	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)	***************************************
144	EZ, MARTA 5 W. 36th Street eah, FL 33012		83		ess (P.O. Box Number is Not Acceptal		
144	5 W. 36th Street			Street Addri	ess (P.O. Box Number is Not Acceptal		Code
Hiale 11. Pursuant I office or reagent Tar	5 W. 36th Street eah, FL 33012 to the provisions of Sections 607.05 egistered agent or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	83 84 s, the above uthorized by rida Statutes	City e-named corp r the corporati	oration submits this statement for the join's board of directors. I hereby acce	FL 85 Zip purpose of changing pt the appointment as	
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64 CITY-ST-ZIP 14. If do 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 path; that I am an other 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

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4 2 NAME

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Secretary of State

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Addition

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