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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J77906 (2)

1. Corporation Name
VIDEOTRON INCORPORATED

Principal Place of Business

10420 S.W. 143 AVE.
MIAMI FL 33186

Mailing Address

10420 S.W. 143 AVE.
MIAMI FL 33186-3034



3. Date Incorporated or Qualified 06/16/1987	3a. Date of Last Report 08/19/1996
4. FEI Number 59-2815272	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

STEWART, DONNARAE
13350 SW 1285T
PARK PLACE
MIAMI FL 33188

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

TITLE	P	DELETE
NAME	LEE, GEORGE Y.W.	
STREET ADDRESS	10420 S.W. 143 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	DELETE
NAME	LEE, WILLIAM	
STREET ADDRESS	PONTON 68G,	
CITY - ST - ZIP	ARUBA, DUTCH, WIND.	
TITLE	T	DELETE
NAME	LEE, BARBARA	
STREET ADDRESS	10420 SW 143 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	DELETE
NAME	LEE, ELEANOR	
STREET ADDRESS	PONTON 68G	
CITY - ST - ZIP	O'STAD, ARUBA	
TITLE	D	DELETE
NAME	LEE, NEIL	
STREET ADDRESS	LOD VAN NASSAUSTR 8	
CITY - ST - ZIP	SAN NICOLAS, ARUBA	
TITLE	AS	DELETE
NAME	WONG, ANNA	
STREET ADDRESS	LAGOEN, WEG 15	
CITY - ST - ZIP	OSTAD, ARUBA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-97 (305) 387-7646

CR2E034 (9/96)