


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90123 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K67543

1. Corporation Name
WORLD SATELLITE COMMUNICATIONS, INC.

Principal Place of Business 35055 SW 214TH AVE FLORIDA CITY FL 33034 US	Mailing Address P.O. BOX 343414 FLORIDA CITY FL 33034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/21/1989	
21		26		4. FEI Number 65-0103202	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAW OFFICES OF HELLMAN & MAAS 44 NE 16TH STREET HOMESTEAD FL 33030				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 VP	NAME MENESES, DORIS D	1.1 TITLE Daniel J. Meneses	1.2 NAME Daniel J. Meneses
STREET ADDRESS 35055 S.W. 214TH AVE.	CITY-ST-ZIP FLORIDA CITY FL	1.3 STREET ADDRESS 35055 S.W. 214 Avenue	1.4 CITY-ST-ZIP Florida City, FL 33034
TITLE [] DELETE	NAME [] DELETE	2.1 TITLE T	2.2 NAME Jessica L. Meneses
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS 35055 S. W. 214 Avenue	2.4 CITY-ST-ZIP Florida City, FL 33034
TITLE [] DELETE	NAME [] DELETE	3.1 TITLE S	3.2 NAME Deborah R. Meneses
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS 35055 S. W. 214 Avenue	3.4 CITY-ST-ZIP Florida City, FL 33034
TITLE [] DELETE	NAME [] DELETE	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE [] DELETE	NAME [] DELETE	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE [] DELETE	NAME [] DELETE	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris D. Meneses* PRESIDENT April 14/99 305-247-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #