

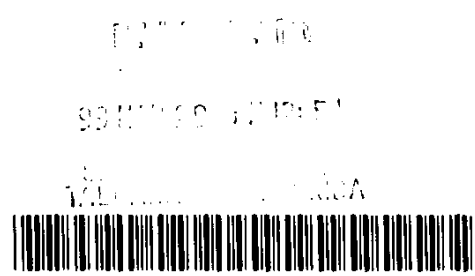
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M16412 (2)
1. Corporation Name
ESTUDIOS TELEVISIVOS INTERNACIONALES, INC.



Principal Place of Business: 6890 BAMBOO ST. APT. 1111 MIAMI LAKES FL 33014 US
Mailing Address: C/O CARLOS A. TORRES 6890 BAMBOO ST. MIAMI LAKES FL 33014 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 06/05/1985
4. FEI Number: 59-2541180
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No

9. Name and Address of Current Registered Agent: TORRES, CARLOS A 4675 W 18 COURT NO. 1111 HIALEAH FL 33012

10. Name and Address of New Registered Agent (81-84) fields.

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 to [Signature] in the State of Florida. Such change was authorized by the corporation's board of directors. The filer accepts the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOT Registered Agent for State and not written in error)

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	CARLOS, ALFREDO T	STREET ADDRESS	6890 BAMBOO ST.	CITY-ST-ZIP	MIAMI LAKES FL	DELETE
TITLE	TSD	NAME	TORRES, CARMELO	STREET ADDRESS	4875 W. 18 CT. #1111,	CITY-ST-ZIP	HIALEAH FL	DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition

REINSTATEMENT 98-870

200002832142--8
-04/07/99--01071--004
****900.00 ****900.00

B. 4/1/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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 as an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/98 (305) 825-2770

CR2E034 (10/97)