

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED
95 MAY -1 AM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006853 (5)

1. Corporation Name
U.S. SATELLITE TELECOMMUNICATIONS CORP.

Principal Place of Business: 1617 NO FLAGLER DR, STE 3B, W PALM BCH FL 33407, US
Mailing Address: PO BOX 2637, PALM BCH FL 33480, US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0370997
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MEGY, HECTOR C
1617 N. FLAGLER DR.
#3B
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGY, HECTOR C	2. NAME	
STREET ADDRESS	1617 NO FLAGLER DR #11A	3. STREET ADDRESS	
CITY, ST, ZIP	W PALM BCH FL	4. CITY, ST, ZIP	
TITLE	VT	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MEGY, MARIA ZEMBORAI	22. NAME	
STREET ADDRESS	1617 NO FLAGLER DR #11A	23. STREET ADDRESS	800001488158
CITY, ST, ZIP	W PALM BCH FL	24. CITY, ST, ZIP	-05/16/95--01014--015
TITLE	S	2.4 CITY, ST, ZIP	*****800.00 *****200.00
NAME	PALMER, DENISE M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1617 NO FLAGLER DR #3B #04	32. NAME	
CITY, ST, ZIP	W PALM BCH FL	33. STREET ADDRESS	
TITLE		34. CITY, ST, ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
TITLE		44. CITY, ST, ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	
CITY, ST, ZIP		53. STREET ADDRESS	5/1/94 MSA
TITLE		54. CITY, ST, ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: **Hector C. Megy** 5/9/95 (40) 832-6499