


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90118 023 ***150.00

0577634

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

DOCUMENT # P92000006853

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



Principal Place of Business 1617 NO FLAGLER DR STE 104 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 1717 NO Flagler Dr. Suite, Apt. #, etc. 22 STE 2 City & State 23 W Palm Bch FL Zip Country 24 33407 25 US	2a. Mailing Address 26 PO Box 2618 Suite, Apt. #, etc. 27 City & State 28 Palm Bch FL Zip Country 29 33480 30 US
--	---

3. Date Incorporated or Qualified 11/23/1992	4. FEI Number 65-0370997	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MEGY, HECTOR C
 1617 N. FLAGLER DR.
 STE 104
 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
	1717 N. Flagler Dr	STE 2	West Palm Beach FL	33407

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEGY, HECTOR C	
STREET ADDRESS	1617 NO FLAGLER DR #104	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DE MEGY, MARIA ZEMBORAI	
STREET ADDRESS	1617 NO FLAGLER DR #104	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1717 N. Flagler Dr
1.4 CITY-ST-ZIP	W Palm Bch FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1717 N. Flagler Dr
2.4 CITY-ST-ZIP	W Palm Bch FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: *[Signature]* SIGNATURE *Hector C Megy* 4/26/99 (561) 832-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (1/198)