SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000021240

1. Corporate Name
MEDIAPLUS INTERNATIONAL, INC.

Principal Place of Business / Mailing Address
3075 WEST OAKLAND PARK BLVD.
SUITE 201
FORT LAUDERDALE, FL 33311

3. Date Incorporated or Qualified: 03/19/93
3a. Date of Last Report: 1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0407256 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $8.75 Additional Fee Required

6. Electronic Compliance Monitoring Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. This corporation has stability for initial sale tax under s. 199.032 Florida Statutes: XX Yes [ ] No

9. Name and Address of Current Registered Agent
SMILEY SANSONI
830 NE 18TH COURT
FORT LAUDERDALE, FL 33305

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 Section [illegible] Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such corporate business by resolution of its directors, filed with the records of the corporation, and the acceptance of the registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Smiley Sansoni 6/4/96

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: SMILEY SANSONI
STREET ADDRESS: 830 NE 18TH COURT
CITY, ST, ZIP: FT. LAUDERDALE, FL 33305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

800001864548
-06/18/96--01011--024
***8.75

700001864557
-06/18/96--01011--025
***225.00

CR2E034 (3/96)

6/17/96 JR

14. I do hereby certify that the information indicated on this report or supplement is true and accurate and that my electronic signature shall have the same force and 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 with an [illegible]

SIGNATURE: Smiley Sansoni 6/4/96 954 985 8186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR