

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015165 (1)

1. Corporation Name

PRINCE I DEAL TRANSMISSION, CORP.



Principal Place of Business

13640 N.W. 19TH AVE.
BAY 7
OPALOCKA FL 33054

Mailing Address

13640 N.W. 19TH AVE.
BAY 7
OPALOCKA FL 33054

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 13680 NW 19th

26 13680 NW 19th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bay #6

27 Bay #6

City & State

City & State

23 Opalocka Fla.

28 Opalocka Fla.

Zip

Zip

24 33054

29 33054

Country

Country

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINCE, ELLIOTT JR.
13640 N.W. 19TH AVE.
BAY 7
OPALOCKA FL 33054

81 Name

Prince, Elliott JR

82 Street Address (P.O. Box Number is Not Acceptable)

13680 NW 19th

83

Bay #6

84 City

Miami

FL

85 Zip Code

33054

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

Elliott Prince Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRINCE, ELLIOTT JR.	
STREET ADDRESS	1748 N.W. 89TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33147	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Elliott Prince Jr

Date

4-26-96

Date/Time/Phone #

CR2E034 (12/95)