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

P94000069328 (0) **DOCUMENT #**

ADS MEDIA SERVICES, INC.

Mailing Address Principal Place of Business 10800 BISCAYNE BLVD SUITE 650 10000 BISCAYNE BLVD SUITE 650



MIAMI FL 33161		MIAMI FL 33161						
					 Date Incorporated or Qualified 09/20/1994 		f Last Report /23/1995	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied	d For
1		26			65-0557290		Not Ar	plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00 Ma	y Be
		28			Trust Fund Contribution		Added to F	
:⊥ Zip	Country	Zip	Co	untry	8. This corporation has liability for		unders 199.0)32,
i]	25	29	30			s No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	legistered A	gent	
				81 Name				
Oxsalida, Kenneth				82 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
10800 BISCAYNE BLVD SUITE 650			*	83				
Miami Fi	L 33161			63				
				84 City		FL	85 Zip Cod	
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida St	tatutes, the at	ove-named corpo	oration submits this statement for the praird of directors. I hereby accept the ap-	urpose of char	ging its registe	red office
or registered	d agent, or both, in the State of Fix , and accept the obligations of, Se	orida. Such change was auth octon 607 0506. Florida Stat	horized by the tutes	CONCIDENCE S DOG	ard of directors. I hereby accept the ap	oointrnent as r	agistereu agen	1. 4111
		oction dor losse, money			Dres	2/21	8/96	
Signature _ si	KENNETH OXSALIDA Ignature, typed or printed name of registrard ac	ent and title if ap	NOCES	eo Aparil alginature requir	ed when reinstating):	DATE	1	
2.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OF			
TLF	P	DELETE	1 1	TITLE		L.	Change 🗀	Addition
NAME	oxsalida, Kenneth		1.2	NAME				
SUREET ADDRESS	10800 BISCAYNE BLVD. S	STE. 65 0	1.3	STREET ADDRESS				
DITY - S1 - ZIP	MIAMI FL 33161			CITY-ST-ZIP			Change	Addition
DILE	VP	☐ DELETE		TITLE			louan∄e □	Addition
NAME	OXSALIDA, CHERYL			NAME				
STREET ADDRESS	10800 BISCAYNE BLVD. S	STE. 650		STREET ADDRESS				
CHY-S' ZE	MIAMI FL 33161			CITY-ST-ZIP] Change	Addition
TITLE	VP	DELETE		1 TITLE		_	7 4 milds	
NAME	OXSALIDA, ROBERT JR	TE OFO		NAME				
STREET ADDRESS	10800 BISCAYNE BLVD.)IE. 00U		STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33161	DELETE		I CITY-ST-ZIP		Г	Change [Addition
TILLE		[_] btttle		NAME		_		
NAME				S STREET ADDRESS				
STREET ADDRESS				4 CITY - ST - ZIP				
CHY-ST-ZIP		T DELETE		1 TITLE			Change 🔲	Addition
IIILE		Писс		2 NAME		_		
NAME name a reposit s				3 STREET ADDRESS				
STREET ADDRESS			. .	4 CITY-ST-ZIP				
Cilly - ST - ZiP		DELETE		1 TIFLE			Change [Addition
TITLE		_ 0.222.12		2 NAME		_		
NAME DAVISE AND DESCRIPTION				3 STREET ADDRESS				
STREET ADDRESS				4 CITY-ST-ZIP				
CHY SI-7#				7 0117 01 411	. for the exemption stated in Contian 1	10.07(2)(k) Etc.	rida Statutas !	further

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 cath; 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: KENNETH OXSALIDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF