

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000004350 (1)

1. Corporation Name
TV PLANET, INC.



Principal Place of Business
5401 COLLINS AVE.
SUITE 102-B
MIAMI BEACH FL 33140

Mailing Address
5401 COLLINS AVE.
SUITE 102-B
MIAMI BEACH FL 33140-2573

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report
10/18/1996

4. FEI Number
65-0583047

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent
FADEL, ANTONIO
5401 COLLINS AVE.
SUITE 102-B
MIAMI BEACH FL 33140

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: *ANTONIO FADEL (PRESIDENT)*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	FADEL, ANTONIO	<input type="checkbox"/> DELETE
NAME		5401 COLLINS AVE	
STREET ADDRESS		MIAMI BEACH FL 33140	
CITY-ST-ZIP			

TITLE	D	FADEL, FREDDYO	<input type="checkbox"/> DELETE
NAME		5401 COLLINS AVE	
STREET ADDRESS		MIAMI BEACH FL 33140	
CITY-ST-ZIP			

TITLE	D	FADEL, SALOMON	<input type="checkbox"/> DELETE
NAME		5401 COLLINS AVE	
STREET ADDRESS		MIAMI BEACH FL 33140	
CITY-ST-ZIP			

TITLE	D	FADEL, HABIB	<input type="checkbox"/> DELETE
NAME		5401 COLLINS AVE	
STREET ADDRESS		MIAMI BEACH FL 33140	
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 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 to this report.

SIGNATURE: *ANTONIO FADEL* 1-15-97 8642040
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)