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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033815 (8)

MEDIA SOLUTIONS OF MIAMI, INC.

Principal Plac	e of Business	Mailing Address					
12101 N.W. 1	98TH AVE.	12101 N.W. 98TH AVE.					
#6 Hialeah Gardens FL 33016		#6 Hialeah gardens Fl 33016		DO NOT WRITE IN THIS SPACE			
I Million Trans	mpute to our	initiality of highest and	00010		3. Date Incorporated or Qualified 05/01/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I IA	pplied For
21		26]		65-0580643		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		[28]			Trust Fund Contribution		to Fees
Zip	Country 7ip Country		У	8. This corporation owes or has paid			
24	[25] 9. Name and Address of Curre	29	30		Personal Property Tax due June 3 10. Name and Address of New Regi		No
0.4		ant Hegieteren Agent	B1	Name	10. Name and Address of New Frey	IStereu Ayent	_
SANCHEZ, ALICIA S , 7535 WEST 34TH LANE		- Nume					
		82 Street Ac		ddress (P.O. Box Number is Not Acceptable	∍)		
. nu	ALEAH FL 33016		83	1			
,							
•			84	1			Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	les, the abov	⊥ ∕e-named c	orporation submits this statement for the pu	rpose of changing i	its registered
office or r	registered agent, or both, in the Statem familiar with and accept the obli-	te of Florida, Such change was a leations of Section 607 0505, FL	authorized b orida Statute	y the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as	s registered
SIGNATURE	an intimum want and accept us some	galicità bi, booton cor bocci.	Ulium Characo				
SIGIVATORI.	Signature, typed or protest name of registered a	gont and (as if applicable (NO)	E Registered Ag	ont signature re	equired when reinstating)	DATE	
12.	OF ICERS A	ND DIRECTORS	13.	ont signature re	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
12.	OFFICERS AF		13. 1.1 TITLE				RS IN 12
12. TITLE NAME	PD SANCHEZ, ALICIA S	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	PD SANCHEZ, ALICIA S 7535 WEST 34TH LANE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
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Thereby 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 for on an attachment with an address.

NAME ----

05/07/98

(305) 556-7611

FILED

May 28 1998 8:00am

Secretary of State