

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

**FILED**  
**Mar 24 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 #** *p95000045870*

1. Corporation Name  
*MEDIA USA INC*  
*3042 NW 72 AVE*  
*MIAMI, FL 33122*

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	<i>3042 NW 72 AVE</i>	26	<i>3042 NW 72 AVE</i>	<i>6/8/95</i>			
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
				<i>65-0591413</i>		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>	
<i>MIAMI, FL</i>		<i>MIAMI, FL</i>		<input type="checkbox"/>			
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<i>33122</i>		<i>33122</i>		<input type="checkbox"/>			
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<i>DADE</i>		<i>DADE</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

*WANG, SIMON*  
*6950 NW 193 LANE*  
*MIAMI, FL 33015*

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 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: *Simon Wang* (3) 3-12-97 DATE

12. OFFICERS AND DIRECTORS

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>PD WANG, SIMON</i>
13 STREET ADDRESS	<i>6750 NW 193 LANE</i>
14 CITY - ST - ZIP	<i>MIAMI, FL 33166</i>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>TD CHANG, PETER</i>
23 STREET ADDRESS	<i>1520 HILLSIDE DR.</i>
24 CITY - ST - ZIP	<i>GLENDALE, CA 91208</i>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>SD YI, PO-YI</i>
33 STREET ADDRESS	<i>3233 JANKU CT</i>
34 CITY - ST - ZIP	<i>SAN JOSE, CA 95127</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>400002122014</i>
63 STREET ADDRESS	<i>-03/24/97--01132--011</i>
64 CITY - ST - ZIP	<i>***165.00</i>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 of original, or on an attachment with an address.

SIGNATURE: *Simon Wang* (3) 3-12-97 (305) 471-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)