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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000052731 (3)

1. Corporation Name MEGA BYTE CHARTERS, INC. Principal Place of Business 5901 S.W. 74TH STREET SUITE 302 MIAMI FL 33143 MIAMI FL 33143-5163												
								3. Date incorporated or Qualified			port	
2, Principal Pl	lace of Busin	ness	2a. Mailing 26	2e. Mailing Address 26				4. FEI Number 65-0598039		J	plied For t Applicable	
Suite, Apt	#, etc.		Suite. /	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State 23	0		City & 28	City & State				B. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Ζφ 24]		Country 25	21p 29	29 30		ntry		8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
		and Address of Cu	rrent Registered A	gent				10. Name and Address of New Re	glatered	Agent		
321		DINCIANA PLAZA				81 82	Name Street Add	Address (P.O. Box Number is Not Acceptable)				
PALM BEACH FL 33480						83		······································		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						84	City	FL 85 Zip Code		ode		
11. Pursuant office or r agent La	to the provis egistered aç m familiar w	sions of Sections 607. gent, or both, in the S ith, and accept the o	0502 and 607,1508 tate of Florida, Sucl bligations of, Sectio	i, Florida Statu h change was n 607.0505, Fl	tes, the ab authorized orida Stati	ove by	named cor the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose o	of changing its pointment as	registered registered	
SIGNATURE		d or proted name of registere						ired when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	CERS AN			
THEF	D	ADD 51.5		DELETE	1.9 101	LE				Change	Addition	
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NAME					6.2 NA	MÉ					j	
STREET ADURESS					6.3 ST	REET.	ADDRESS				ŀ	

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 with an address.

SIGNATURE:

TREEL STATES CHATTEN E. LUFFE 4/4/97 (36) 666-V
BIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Priore #