

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000061445 (9)

1. Corporation Name

USA TELEVISION PRODUCTION & ADVERTISING, INC.



Principal Place of Business

Mailing Address

1871 CORAL WAY, STE. 201
CORAL GABLES FL 33134

1871 CORAL WAY, STE. 201
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 360 SW 28th Rd

Suite, Apt. #, etc.

22 City & State
Coral Gables Fl.

24 Zip
33129

25 Country
USA

2a. Mailing Address

26 360 SW 28th Rd

Suite, Apt. #, etc.

27 City & State
Coral Gables, FL

29 Zip
33129

30 Country
USA

4. FEI Number

X 65-0666986

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

9. Name and Address of Current Registered Agent

~~DIAZ, JULIO-~~
~~1871 CORAL WAY, STE. 201~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name
ALTMAN, LUZ
82 Street Address (P.O. Box Number is Not Acceptable)
360 SW 28th Rd
83
84 City
Coral Gables FL 85 Zip Code
33129

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature type for principal business registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

7/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, JULIO	
STREET ADDRESS	1871 CORAL WAY, STE. 201	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, LUZ	
STREET ADDRESS	1871 CORAL WAY, STE. 201	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALTMAN, LUZ
23 STREET ADDRESS	360 S.W. 28th Rd
24 CITY-ST-ZIP	Coral Gables, FL 33129
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96

DATE

OFFICE PHONE #

CR2E034 (3/96)