

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

FILED

96 DEC 11 PM 3: 15

DOCUMENT # P95000083224 (2)
 1. Corporation Name

TRANSMISSIONS BY US, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *90*

Principal Place of Business Mailing Address
 13995 S.W. 159TH TERRACE MIAMI FL 33177
 13995 S.W. 159TH TERRACE MIAMI FL 33177

3. Date Incorporated or Qualified 10/31/1995
 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 28410 So Dixie Hwy 28 28410 So. Dixie Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Homestead FL 28 Homestead FL
 Zip Country Zip Country
 24 33032 25 33032 29 33032 30

4. FEI Number Applied For
 65-0628803 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
 PEREZ, TEMIS
 13995 S.W. 159TH TERRACE
 MIAMI FL 33177

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 Temis Perez Secretary [Signature] DATE 12/4/96
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME PT PEREZ, DENNIS
 STREET ADDRESS 13995 S.W. 159TH TERRACE
 CITY - ST - ZIP MIAMI FL 33177
 TITLE DELETE
 NAME S PEREZ, TEMIS
 STREET ADDRESS 13995 S.W. 159TH TERRACE
 CITY - ST - ZIP MIAMI FL 33177
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
 2.1 TITLE Change Addition
 2.2 NAME 50002027833
 2.3 STREET ADDRESS -12/12/96--01095--018
 2.4 CITY - ST - ZIP ***383.75 ***383.75
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change 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 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 changed, or on an attachment with an address.

SIGNATURE: Temis Perez DATE: 12/4/96 (305) 247-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/96)