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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007094

AS SEEN ON TV INTERNATIONAL GROUP, INC.

Principal Place of Business							
7837 N.W. 72ND AVE.							
SUITE #101							
MIAMI FL 33166							

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90069 027 ***150.00



				<u> </u>			
Principal Place of Business Mailing Address							
7837 N.W. 72ND AVE. SUITE #101 MIAMI FL 33166	7837 N.W. 72ND AVE. Suite #101 Miami fl 33166			DO NOT WRITE IN THI	S SPACE		
				Date Incorporated or Qualifed 01/24/1997			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
<u>.</u>	26			65-0729690	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25 104 25 104 104 104 104 104 104 104 104 104 104	Zip Country 29 30		<u> </u>	This corporation owes the current year leading Personal Property Tax.	ntangible No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CRUZALEGUI, CESAR R 7837 N.W. 72ND AVE. SUITE #101 MIAMI FL 33166		81 82	Name Street Addre	ass (P.O. Box Number is Not Acceptable)			
		83					
			City	F			
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the section	of Florida, Such change was authorize	ed by	the corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered		

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if app	NOTE: R	egistered Agent signature require	d when reinstating)	DATE	— í			
12.	OFFICERS AND DIRECT		13.		OFFICERS AND DIRECTOR	RS IN 12			
TITLE .	D	DELETE	1.1 TITLE		Change	Addition			
NAME	IRANETA, DIEGO E	•	1.2 NAME						
STREET ADDRESS	7837 N.W. 72ND AVE.		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY+ST-ZIP						
TITLE	D ·	☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition			
NAME	GORRONDONA IRANETA , SILVIA M		2.2 NAME]			
STREET ADDRESS	7837 N.W. 72ND AVE.	•	2.3 STREET ADDRESS	•		ļ			
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP						
TITLE	,	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS]			
CITY-ST-ZIP	·		3,4, CITY-ST-ZIP						
TITLE		□ DELETE	4.1 TITLE		☐ Change	Addition			
NAME {			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS			İ			
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		. Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE .	•	☐ DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS	₹.		6.3 STREET ADDRESS			[
CITY-ST-ZIP		\sim	6.4 CITY-ST-ZIP						

applied with this filing does not ordalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information pplemental a gual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attactment with an address, with all other like empowered. 14. I hereby certify that the information a indicated on this annual report or so officer or director of the corporation Block 12 or Block 13 if changed by corporations.