

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90041 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000052970** ✓

1. Corporation Name
BVI Communications, Inc.

Principal Place of Business	Mailing Address
1750 Coral Way	20377 NE 15th Court
Miami, FL 33145	Miami, FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified	Applied For
6/16/1997	Not Applicable
4. FEI Number	
65-0761868	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ERIC LEGOW
20377 NE 15th Court
Miami, FL 33179

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERIC LEGOW	
STREET ADDRESS	20377 NE 15th Court	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	George O'Neill	
STREET ADDRESS	20377 NE 15th Court	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID LEGOW	
STREET ADDRESS	20377 NE 15th Court	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Charles LEGOW	
STREET ADDRESS	20377 NE 15th Court	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gonzalo Rodriguez	
STREET ADDRESS	1750 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jeffrey Johnson	
STREET ADDRESS	1750 Coral Way	
CITY-ST-ZIP	Miami FL 33145	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEW ELALOUF	
1.3 STREET ADDRESS	1750 Coral Way	
1.4 CITY-ST-ZIP	Miami, FL 33145	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ **ERIC LEGOW** **4/28/99** **(305)653-7440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)