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FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084504 (4)

1. Corporation Name

NETWORK MEDIA COMMUNICATIONS, INC.

Principal Place of Business

C/O RALPH ROCHETEAU
5757 NW 11TH ST. SUITE 160
MIAMI FL 33126-2035

Mailing Address

C/O RALPH ROCHETEAU
5757 NW 11TH ST. SUITE 160
MIAMI FL 33126-2035

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 15080 S.W. 49th

Suite, Apt. #, etc.

22 Suite F

City & State

23 MIAMI FL

Zip

24 33185

Country

25 USA

2a Mailing Address

26 P.O. BOX 652925

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33265

Country

30 USA

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

ROCHTEAU, RALPH
5757 NW 11TH ST. SUITE 160
MIAMI FL 33126-2035

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

[Signature]

(Not L. Registered Agent's signature required when translating)

4/30/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CRISTANCHO, WILSON
STREET ADDRESS P O BOX 652925 N/A
CITY-ST-ZIP MIAMI FL 33165-2925

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

[Signature]

4/30/98

CR2E034 (10/97)