

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # 564592
1. Corporation Name

EDUCATIONAL COMMUNICATIONS, INC.

Principal Place of Business: 1418 Michigan Avenue, Miami Beach, FL 33139
Mailing Address: 1418 Michigan Avenue, Miami Beach, FL 33139

564592
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*****61.25 *****61.25

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1418 Michigan Avenue		26 1418 Michigan Avenue		564592 59-1824606		Dec. 20, 1977			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Miami Beach, FL 33139		28 Miami Beach, Florida		6. Elect on Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33139		25 Dade		29 33139		30 Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NATHAN FARBER				81 Name FRANCES GROBARD			
				82 Street Address (P.O. Box Number is Not Acceptable) 1418 Michigan Avenue			
				83			
				84 City Miami, Beach		85 FL	85 Zip Code 33139

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: *Frances Grobard* (Typed or printed name of registered agent and title, applicable) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> DELETE	1. TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHAN FARBER		2. NAME	FRANCES GROBARD	
STREET ADDRESS	9240 SW 124 Street		3. STREET ADDRESS	1418 Michigan Avenue	
CITY- ST- ZIP	Miami, Florida 33176		4. CITY- ST- ZIP	Miami Beach, Florida 33139	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE	7. 1. TITLE	VICE-PRESIDENT/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE FARBER		2. 2. NAME	IRIS FROST	
STREET ADDRESS	9240 SW 124 Street		2. 3. STREET ADDRESS	1418 Michigan Avenue	
CITY- ST- ZIP	Miami, Florida 33176		2. 4. CITY- ST- ZIP	Miami Beach, Florida 33139	
TITLE		<input type="checkbox"/> DELETE	3. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3. 2. NAME		
STREET ADDRESS			3. 3. STREET ADDRESS		
CITY- ST- ZIP			3. 4. CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4. 2. NAME		
STREET ADDRESS			4. 3. STREET ADDRESS		
CITY- ST- ZIP			4. 4. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5. 2. NAME		
STREET ADDRESS			5. 3. STREET ADDRESS		
CITY- ST- ZIP			5. 4. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6. 1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. 2. NAME		
STREET ADDRESS			6. 3. STREET ADDRESS		
CITY- ST- ZIP			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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frances Grobard* February 20, 1996 305-672-5457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

FEB 22 1996