

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 851562 (9)**

1. Corporation Name

**BURNUP & SIMS COMMUNICATIONS SERVICES OF FLORIDA  
INC.**

Principal Place of Business

1650 OAKBROOK DR  
NORCROSS GA 30080  
US

Mailing Address

8600NW 36TH STREET  
8TH FLOOR  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/12/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2245307

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE V  
NAME PERERA, ISMAEL  
STREET ADDRESS 3600 NW 36TH STREET, 8TH FLOOR  
CITY - ST - ZIP MIAMI FL

TITLE DC  
NAME MAS, JORGE  
STREET ADDRESS 8600 NW 36TH STREET, 8TH FLOOR  
CITY - ST - ZIP MIAMI FL

TITLE S  
NAME DAMON, NANCY  
STREET ADDRESS 8600 NW 36TH STREET, 8TH FLOOR  
CITY - ST - ZIP MIAMI FL

TITLE TD  
NAME VALDES, CARLOS  
STREET ADDRESS 8600 NW 36TH STREET, 8TH FLOOR  
CITY - ST - ZIP MIAMI FL

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 P  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 8600NW36TH STREET, 8TH FLOOR  
1.4 CITY - ST - ZIP

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

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Nancy J. Damon*  
NANCY J. DAMON  
DATE 4-11-95  
DAYTIME PHONE # 305-599-1800  
C# 268909T781