

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90023 029 \*\*\*150.00

0278484

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P94000022116**

1. Corporation Name  
**COMMUNICATIONS ADVANTAGE, INC.**



Principal Place of Business  
 7850 NW 146TH ST  
 STE 506  
 MIAMI LAKES FL 33016  
 US

Mailing Address  
 P.O. BOX 695042  
 MIAMI FL 33629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

65-0476387

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, LINDA  
 7483 FAIRWAY DR  
 430  
 MIAMI LAKES FL 33014

81 Name **LINDA WEISS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**15869 SW 12 ST**

83

84 City **PEMBROKE PINES**

FL

85 Zip Code **33027**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
 NAME **ANTUNA, MANUEL**  
 STREET ADDRESS **9757 NW 6 LN**  
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **SD**  
 NAME **WEISS, LINDA**  
 STREET ADDRESS **7483 FAIRWAY DR #430**  
 CITY-ST-ZIP **MIAMI LAKES FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **15869 SW 12 ST.**  
 2.4 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

6.1 TITLE  Change  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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Linda Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/APRIL/1999

Date

1-305-819-0494

Daytime Phone #

CR2E034 (1/198)