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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90227 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000080804**

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



Principal Place of Business: 1770 BAY RD. MIAMI BEACH FL 33139  
 Mailing Address: 1770 BAY RD. MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/03/1994**

4. FEI Number: **65-0532297** 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

2. Principal Place of Business: **2520 SW 22nd STREET**  
 Suite, Apt. #, etc.: **SUITE 192**  
 City & State: **MIAMI, FL**  
 Zip: **33145** Country: **USA**

2a. Mailing Address: **2520 SW 22nd STREET**  
 Suite, Apt. #, etc.: **SUITE 192**  
 City & State: **MIAMI, FL**  
 Zip: **33145** Country: **USA**

9. Name and Address of Current Registered Agent  
**MARTELL, KYLE**  
**1770 BAY ROAD**  
**MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name: **MARTELL, KYLE**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2520 SW 22ND STREET**  
 83  
 84 City: **MIAMI** FL 85 Zip Code: **33145**

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]* DATE: **4/30/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTELL, KYLE	
STREET ADDRESS	1671 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	KANNER, MARSHALL	
STREET ADDRESS	287 PALM ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTELL, KYLE	
1.3 STREET ADDRESS	2520 SW 22ND STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33145	
2.1 TITLE	PARTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEUER, CHRIS	
2.3 STREET ADDRESS	2520 SW 22ND STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33145	
3.1 TITLE	PARTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TROOST, RICHARD	
3.3 STREET ADDRESS	2520 SW 22ND STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33145	
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: *[Signature]* DATE: **4/30/99** DAYTIME PHONE #: **305-854-7094**

CR2E034 (1/98)