


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000214 Doc Communications 1428 COLLINS CO., L.C. 10556 N.W. 26TH ST. UNIT D-102 MIAMI FL 33172		FILED 97 FEB 10 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>msb</i> 1a. Principal Place of Business Address 10556 N.W. 26TH ST. UNIT D-102 MIAMI FL 33172	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Doc Communications 1440 W. 49th St. Suite, Apt. #, etc. _____ City & State <u>Hialeah, FL</u> Zip <u>33012</u> Country <u>U.S.A.</u>		3. Date Organized or Qualified 03/16/1995 3a. State of Formation FL 4. FEI Number 65-0571819 5. Date of Last Report 06/19/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent VALENCIA, AL 10556 N.W. 26TH ST. UNIT D-102 MIAMI FL 33172		8. Name and Address of New Registered Agent Name <u>Max M Hagen</u> Street Address (P.O. Box Number is Not Acceptable) 104 <u>3990 Shandon St.</u> Suite, Apt. #, etc. <u>104</u> City <u>Hollywood</u> FL Zip Code <u>33021</u>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <u>[Signature]</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE <u>1/28/97</u>	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PEREZ, JIM <u>Perez, Jim</u>	10556 N.W. 26TH ST., #D-10 <u>1440 W. 49th St.</u> <u>Hialeah, FL 33012</u>	MIAMI FL <u>Hialeah, FL 33012</u>
			000002084900--E -02/12/97--01027--004 ****203.75 ****203.75
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <u>Pura Perez</u>		Date <u>1/28/97</u> Daytime Phone # <u>(305) 876-6800</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			