COF ANNI	PROFIT CORPORATION NNUAL REPORT 1999		ne Harris	FILED Feb 16, 1999 8:00 am Secretary of State 02-16-1999 90035 002 ***150.00		
	MENT # 303742			02-16-1999 90035 (iuz ****150.00)
	COMMUNICATIONS SERVI	ce of Miami, inc.			913 93913 93913 95935 95	12)1 0121 1 1981
Principal Plac	ce of Business	Mailing Address			ING BURGE BURGE BURGE BU	IKI OLOH ING
401 NW 106TH TE 111	H ST	9401 NW 106TH ST STE 111				
11AMI FL 3317(8	MIAMI FL 33178		DO NOT WRITE IN T	HIS SPACE	
S		US		3. Date incorporated or Qualifed 04/04/1966		}
. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
1		26		59-1117760		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
3	Country	28 Zip	Country	Trust Fund Contribution	Added to	o Fees
Zip	Country		30	 This corporation owes the current year Personal Property Tax. 		
·····	9. Name and Address of Currer			10. Name and Address of New Registe	red Agent	
PED	Rotty, John F		81 Name			
1734	4 W 84 STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
HIAL	leah, fl		83			
3301	14		84 City	۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱	85 Zip C	Code
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	uthorized by the corporat	poration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE	am familiar with, and accept the obliga	Ations of, Section 607.0505, Flor Ink and title if applicable	uthorized by the corporat	ion's board of directors. I nereby accept the a	S AND DIRECTO	RS IN 12
SIGNATURE 12.	am familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Flor	Registered Agent signature requir	ad when reinstating)		
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