

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 21 1996 8:00 am  
Secretary of State

DOCUMENT # 564592  
1. Corporation Name

EDUCATIONAL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address  
1418 Michigan Avenue 1418 Michigan Avenue  
Miami Beach, FL 33139 Miami Beach, FL 33139

564592 1 33139  
-03/07/96--01023--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business 2a. Mailing Address  
21 1418 Michigan Avenue 26 1418 Michigan Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami Beach, FL 33139 28 Miami Beach, Florida  
Zip Country Zip Country  
24 33139 25 Dade 29 33139 30 Dade

3. Date Incorporated or Qualified 3a. Date of Last Report  
Dec. 20, 1977  
4. FEI Number 59-1824606 Applied For  
564592 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Elect on Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NATHAN FARBER

10. Name and Address of New Registered Agent

81 Name FRANCES GROBARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
1418 Michigan Avenue  
83  
84 City Miami, Beach FL 85 Zip Code 33139

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 *Frances Grobard*

(Signature of Registered Agent required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	NATHAN FARBER	
STREET ADDRESS	9240 SW 124 Street	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	JANICE FARBER	
STREET ADDRESS	9240 SW 124 Street	
CITY-ST-ZIP	Miami, Florida 33176	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	FRANCES GROBARD	
13. STREET ADDRESS	1418 Michigan Avenue	
14. CITY-ST-ZIP	Miami Beach, Florida 33139	
2. TITLE	VICE-PRESIDENT/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	IRIS FROST	
23. STREET ADDRESS	1418 Michigan Avenue	
24. CITY-ST-ZIP	Miami Beach, Florida 33139	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Frances Grobard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 20, 1996 305-672-5457

CR2E034 (12/95)