FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11043 (2)

1. Corporate Name
SANCHEZ COMMUNICATIONS, INC.

Principal Place of Business: ~~2636 KEY LARGO LA FT LAUDERDALE FL 33312~~

Mailing Address: ~~2636 KEY LARGO LA FT LAUDERDALE FL 33312~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2424 Sugarloaf Lane	26 2424 Sugarloaf Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale FL	City & State 28 Ft Lauderdale FL
Zip 24 33312 Country 25 USA	Zip 29 33312 Country 30 USA

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~NOT APPLICABLE~~ 65-0044446 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~GAMAND, PHILIPPE~~
~~2636 KEY LARGO LA~~
~~FT LAUDERDALE FL 33312~~

10. Name and Address of New Registered Agent

81 Name: PASCAL SANCHEZ
82 Street Address (P.O. Box Number is Not Acceptable): 2424 Sugarloaf Lane
83
84 City: Fort Lauderdale FL 85 Zip Code: 33312

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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] 04/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	SANCHEZ, PASCHAL	NAME	Sanchez Pascal
STREET ADDRESS	~~2636 KEY LARGO LN.~~	STREET ADDRESS	2424 Sugarloaf Lane
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	VPS	TITLE	☐ Change ☐ Addition
NAME	ZEMOULI, KATRINE C	NAME	Zemouli Catherine
STREET ADDRESS	2636 KEY LARGO LN.	STREET ADDRESS	2424 Sugarloaf Lane
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	Ft LAUDERDALE, FL 33312
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	~~GAMAND, PHILIPPE~~ Delete	NAME	
STREET ADDRESS	~~2636 KEY LARGO LN.~~	STREET ADDRESS	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] 04/24/95 (305) 583.46.12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0220610 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **K11202** **(4)**

1. Corporation Name

3818 N.W. 49TH STREET CORPORATION

Principal Place of Business	Mailing Address
% HOWARD SKLAR 81 SEMINOLA BLVD CASSELBERRY FL 32707	% HOWARD SKLAR 81 SEMINOLA BLVD CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/07/1988	04/20/1994

4. FEI Number: **65-0024509** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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 [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKLAR, HOWARD
81 SEMINOLA BLVD
CASSELBERRY 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SKLAR, HOWARD	NAME	
STREET ADDRESS	81 SEMINOLA BLVD	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Howard Sklar HOWARD SKLAR 5-1-95 407 696-2781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037820 CP