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

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # KOROSA

1. Corporation							
IUHNEH	COMMUNICATIONS CORP	•				n deder deder deam d	andra dandar adda
Principal Place of Business Mailing Address					T YMDYMENT ATO LINKO DZILA LINDOL IBRID DZIL DID	TE MENTE MINITE MENTE M	
404 WASHINGTON AVE 404 WASHINGTON AVE							
600					DO MOT MIDITE IN TH	UO OD 1 OF	
MIAMI BEACH FL 33139 MIAMI EBACH FL 33139					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 06/19/1989		
2 Principal Pl	ace of Business	2a. Mailing Address		 -	4. FEI Number	Δp	plied For
21	ace of Business	26			65-0129506		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
22 27				5. Certifcate of Status Desired	Fee Re		
	City & State City & State		·		6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country Zip		Country		8. This corporation owes the current year		
24	25 29 30				Personal Property Tax.		₩ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
77.100	VED LAWDENCE O		81	Name			
TURNER, LAWRENCE O			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
404 WASHINGTON AVE							
STE 600			83				
MIAMI BCH FL 33139			84	City		. 85 Zip C	Code
				,	F	L	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.		on a board of directors. Thereby about the app	on an and as rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE							
			Registered Agen	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DS IN 12
12.	D OFFICERS AND	DELETE DELETE	1.1 TMLE		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME	BACKUS, ROBERTA		1.2 NAME				
STREET ADDRESS	10.114.01H107011 11# #000			ADDDESS			
}	MAAN BEAOUTE		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE 2:		1-2IP		Change	Addition
NAME	TURNER, LAWRENCE O	<u></u>	2.2 NAME			_ •	-
STREET ADDRESS			2.3 STREET	ADDDESS			
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-S				
TITLE			3.1 TITLE	, 24		☐ Change	Addition
NAME	32		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP		<u>.</u>	
TITLE		☐ DELETE	51 TITLE			☐ Change	☐ Addition
NAME -			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST	r-ZiP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			62 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

305-673-800s