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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT #

1. Corporation Name

L35775
PUBLIC COMMUNICATION SERVICE, INC.

Principal Place of Business / Mailing Address

1811 NE 146th ST N Miami, FL 33181

3. Date Incorporated or Qualified: 12/11/89
3a. Date of Last Report: 5/01/96

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

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

4. FEI Number: 65-0166646 ☐ 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

ALFREDO SUSI
1000 W. ISLAND BLVD. #1612
WILLIAMS ISLAND, FL 33181

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 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: _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT AND CHAIRMAN OF THE BOARD OF DIRECTORS - ALFREDO SUSI 1000 W. ISLANDBLVD #1612 WILLIAMS ISLAND, FL 33181	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE VICE PRESIDENT OF OPERATIONS SIMON COHEN 3301 N COUNTRY CLUB DR #210 AVENTURA, FL 33180	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE DIRECTOR DR MARIO PRESMAN 5151 COLLINS AVE. #614 MIAMI BEACH, FL 33141	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE VICE PRESIDENT OF PUBLIC RELATIONS FANITA PRESMAN 5151 COLLINS AVE #614 MIAMI BEACH, FL 33141	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Add/Del

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4/28/97

14. I hereby certify that the information supplied with the 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 a director or officer 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: Alfredo Susi - 4/15/97 (305) 944-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number