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Secretary of State

NON PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96 000003711

1. Corporation Name
Teen Voice of America Corporation

Principal Place of Business	Mailing Address
501 Three Island Blvd. Hallandale, FL 33009	12555 Biscayne Blvd Ste 433 Miami, FL 33161

3. Date Incorporated or Qualified: 7/15/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 555 NE 15th St.
Suite, Apt. #, etc. 22: Ste. 20A
City & State 23: Miami, FL
Zip 24: 33162 Country 25: USA

2a. Mailing Address
26: 555 NE 15th St.
Suite, Apt. #, etc. 27: Ste. 20A
City & State 28: Miami, FL
Zip 29: 33162 Country 30: USA

4. FEI Number: 65-0710875 ☐ 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
KTOES Registered Agent Corporation
100 S.E. 2nd Street, Ste 2800
Miami, FL 33131-2144

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100002211541--7
-06/19/97--01106--008
83 *****61.25 *****61.25
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D, C Max Levine 501 Three Island Blvd. Hallandale, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D, S, T Ruth Levine 501 Three Island Blvd. Hallandale, FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D Richard Lundy, CPA 150 NW 168th St. Ste. 300 N. Miami Beach, FL 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D Ingrid Constanzo 10659 NE Quaybridge Court NMFL 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D Brian Adams P.O. Box 16717 Plantation FL 33318
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE O. Alan 6/18/97	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition President Maria Staub 555 NE 15th St. Miami, FL 33162

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Maria Staub (305) 373-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number