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

DOCUMENT # **P36176** **(6)**

1. Corporation Name

SEVEN SEAS COMMUNICATIONS, INC.

Principal Place of Business:	Mailing Address:
1700 E. LAS OLAS BLVD. **SUITE 202** **FT. LAUDERDALE FL 33301**	**1700 E. LAS OLAS BLVD.** **SUITE 202** **FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **11/04/1991**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21) / Street Address (22) / City & State (23) / Zip (24) / County (25)

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

4. FEI Number: **58-1955824** ☐ 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

CANTOR, GARY
1700 E. LAS OLAS BLVD.
SUITE 202
FT. LAUDERDALE FL 33301

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 Section(s) 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: (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	**DCP**	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	**CANTOR, GARY**		12 NAME	
STREET ADDRESS	**3530 MYSTIC POINTE DR.**		13 STREET ADDRESS	
CITY-ST-ZIP	**AVENTURA FL**		14 CITY-ST-ZIP	
TYPE	**DVST**	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	**ADKINS, PAUL**		22 NAME	
STREET ADDRESS	**2930 NW 26TH AVE**		23 STREET ADDRESS	
CITY-ST-ZIP	**BOCA RATON FL**		24 CITY-ST-ZIP	
TYPE	**ST**	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	**ADKINS, PAUL**		32 NAME	
STREET ADDRESS	**151 E. 31ST ST/ #286**		33 STREET ADDRESS	
CITY-ST-ZIP	**NEW YORK NY**		34 CITY-ST-ZIP	
TYPE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TYPE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TYPE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I 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 attached sheet, with an address.

SIGNATURE: Gary A. Cantor 2-5-96 954-761-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)