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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027625 (1)

H & W COMMUNICATIONS, INC.

FILED Apr 17 1998 8:00am Secretary of State



| FIRICIPAL FIACE OF BUSINESS | | | Maning Address | | | | | | | | |
|---|---|------------------|---|----------------------|------------------|-------|--|--|--------------------|--|--|
| 14923 N.W. 7TH AVE N. MIAMI FL 33168 | | | 14923 N.W. 7TH AVE N. MIAMI FL 33168 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | | 02/23/1993 | | | |
| 9 Principal Pi | ace of Business | 2. 1 | Mailing A | Address | | | | 4. FEI Number | Applied For | | |
| | aco or Bosinosa | <u></u> ├ | (v.o)g / | | | | | 65-0432021 | Not Applicable | | |
| Suite, Apt. #, etc. | | 26 | Suite, Apt. #, etc. | | | | ·· · · · · | 60. | 75 Additional | | |
| 22 | | 27 | · | | | | | I E Contingete of Status Depired | e Required | | |
| City & State | 9 | (| City & St | ate | | | | 6. Election Campaign Financing \$5 | . 00 May Be | | |
| 23 | | 28 | -d | | | | | Trust Fund Contribution | ded to Fees | | |
| Zip | Country | 2 | Zip Coun | | | ntry | G. The desperator excellent rate parts the destruction year managers | | | | |
| 24 | 25 | 29 | | | 30 | | | Personal Property Tax due June 30. Yes | ∐ No | | |
| | 9. Name and Address of Currer | il Registe | ered Age | ent | | | | 10. Name and Address of New Registered Agent | | | |
| HE | NRY, CLIFTON | | | | | 81 | Name | | | | |
| 20039 N.W. 34TH CT. | | | | 82 Street Ac | | | Street | ddress (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33056 | | | | | | | | | | | |
| | | | | | [| 83 | | | | | |
| | | | | | ļ | 84 | Cit. | [or] | Zip Code | | |
| | | | | | | 84 | City | FL 65 | Zip Cooe | | |
| 11. Pursuant t | o the provisions of Sections 607,050 | 2 and 607 | 7.1508. F | Iorida Statu | ites, the ab | T | -named | encoration submits this statement for the purpose of change | ng its registered | | |
| office or re | egistered agent, or both, in the State | of Florida | a. Such d | change was | authorized | by | the cor | corporation's board of directors. I hereby accept the appointmen | it as registered | | |
| | m tarrillar with, and accept the obligi | ations of, | Section | 607.03 0 5, F | ionua Statt | nes | ٠. | | | | |
| SIGNATURE | Signature, typed or printed trame of registered ago | ot and little if | at rulicabile | (NO | TE Bonislored | Annı | nt sinnatur | required when reinstating) DATE | | | |
| 12. | OFFICERS AN | | | | 13. | | , Digitalian | ADDITIONS/CHANGES TO OFFICERS AND DIREC | TORS IN 12 | | |
| TITLE | D | | | DELETE | 1.1 1/1 | LE | | ☐ Cha | | | |
| NAME | HENRY, CLIFTON | | _ | | 1.2 NA | | | _ | | | |
| | 20039 N.W. 34TH COURT | | | | | | ADDRESS | | | | |
| STREET ADDRESS | MIAMI FL 33056 | | | | | | | | | | |
| CITY-ST-ZIP TITLE | D | | | DELETE | 1.4 CH 2.1 TH | | I · ZIP | Cha | nge Addition | | |
| ľ | WILLIAMS, WILBERT | | _ | _ DETECTE | | | | | ango 🗀 / naonion/ | | |
| NAME | 2501 N.E. 207 ST | | | | 2.2 NA | | | | | | |
| STREET ADDRESS | | | | | | | address | | | | |
| CITY-ST-ZIP | MIAMI FL 33180 | | | DELETE | 2. 4 CI | | T - ZIP | Cha | nge Addition | | |
| TITLE | | | L | 7 DECEIE | 3.1 TeT | | | Cild | inge Aboniton | | |
| NAME | | | | | 3.2 NA | | | | | | |
| STREET ADDRESS | | | | | 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | ···· | 7 55: 555 | 3.4. Cl | | 1-ZIP | | | | |
| TITLE | | | L | DELETE | 4.1 TiT | | | Cha | nge L Addition | | |
| NAME | | | | | 4. 2 NA | | | | | | |
| STREET ADDRESS | | | | | 4.3 STF | REETA | ADDRESS | | İ | | |
| CITY-ST-ZIP | | | · <u>-</u> - | | 4.4 CIT | Y-\$1 | I - ZIP | | | | |
| TITLE | | | L | DELETE | 5.1 TIT | LE | | ☐ Cha | nge 🔲 Addition | | |
| NAME | | | | | 5.2 NAI | ME | | | | | |
| STREET ADDRESS | | | | | 5.3 STF | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 5.4 CIT | Y-S1 | I - ZIP | | | | |
| TITLE | | | τ | DELETE | 6.1 TIT | LE | | Cha | nge 🔲 Addition | | |
| NAME | | | | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | | | 6.3 STF | REET | ADORESS | | | | |
| CITY-ST-ZIP | | | | | 6.4 CIT | | | | | | |
| | | | | | | | | | | | |

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 roport 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. of on an attachment with an address.