

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 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 # P93000028624 (3)

1. Corporation Name

ALLIED COMMUNICATIONS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD
SUITE 545
CORAL GABLES FL 33134
US

2121 PONCE DE LEON BLVD
SUITE 545
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

07/09/1996

4. FEI Number

65-0408483

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 1221 BRICKELL AVE

Suite, Apt. #, etc.

22 #900

City & State

23 Miami, FLA.

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1221 BRICKELL AVE

Suite, Apt. #, etc.

27 #900

City & State

28 Miami, FLA.

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CONWAY, PETER
STREET ADDRESS 2121 PONCE DE LEON BLVD SUITE 1020
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME COOPER, PHILIP
STREET ADDRESS 2121 PONCE DE LEON BLVD SUITE 1020
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME JENSEN, TROND S
STREET ADDRESS 2121 PONCE DE LEON BLVD SUITE 1020
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 1221 BRICKELL AVE, #900
14 CITY-ST-ZIP Miami, FLA 33131

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

CR2E034 (4/97)