

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

50 MAY 10 AM 10:35

CLERK OF THE
STATE OF FLORIDA
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036982 (5)

COMMUNICATION SUPPLY, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Office (Mailing Address) 2531 WEST 60TH PLACE UNIT 102 HIALEAH FL 33016		2a. Mailing Address 2531 WEST 60TH PLACE UNIT 102 HIALEAH FL 33016		3. Date of Incorporation or Qualification 05/19/1993		3a. Date of Last Report 04/26/1994	
21. State Apt. # (if)		26. State Apt. # (if)		4. FEI Number 65-0411490		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		25. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**VEGA, MARTHA I
2531 WEST 60TH PLACE
UNIT 102
HIALEAH FL 33016**

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 607.01(2) and 607.19(8), 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 607.05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if)	
1. NAME P VEGA, MARTHA I	1.1 TITLE 	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 2531 WEST 60TH PLACE, UNIT 102	2.1 TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & STATE HIALEAH FL 33016	3.1 TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4.1 TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5.1 TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6.1 TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7.1 TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	8.1 TITLE	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	9.1 TITLE	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10.1 TITLE	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and checked against the information stated in Sections 190.01(2) Florida Statutes. I further certify that the information with 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 is an officer or director of the corporation or the receiver or liquidator appointed to exercise the powers of Chapter 190, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 13 of Block 13 of this report as required by Chapter 190, Florida Statutes.

SIGNATURE: *Martina Vega* **5/2/95 305/8264995**
SIGNATURE AND NAME TO BE PRINTED BY THE OFFICER OR DIRECTOR