CORPO	OFIT ORATION			DEPARTMEN ^F ndra B. Mort	STATE					
	L REPORT			ecretary of St N OF CORPC -1	IONS					
OCUM proporation N	ENT #	P930000	74804	(4)						
		NICATIONS SERV	ICES, INC.							
cipal Place of Business		M	Mailing Address				<u> </u>		i bibb i ibik	JQ411 0101 4E01
45 S.W. 53R Ami Fl 3314			7845 S.W. 53RD MIAMI FL 33143			3. Date incorp. 10/28/1	orated or Qualified		of Last Rep /23/199	
incipal Place	e of Business	2a 26	. Mailing Address	3		4. FET Number 65-04		1 <u>1</u> 0	A	pplied For lot Applicabl
uite, Apt. #,	etc.	27	Suite, Apt. #, e	lo.		5. Certificate of				Additional equired
ity & State		28	Orty & State			Trust Fund 0			Added	May Be to Fees
p	Co 25	untry 29	Zιρ	[30]	ry	Florida Statu	ition has liability for ites	s AliNo		199.032,
	g. Name and A	dress of Current Regi	stered Agent			Idress (P.O. Box Num				
ROY, MIC										
MIAMI FL					4 City	real on only to this s	tate (uppl for the pu	FL umose of char		Code
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