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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # **P93000079327 (1)**

1. Corporation Name
ZENITH COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
% MARK D. COHEN, P.A. 121 S.E. 1ST ST., SUITE 600 MIAMI FL 33131	% MARK D. COHEN, P.A. 121 S.E. 1ST ST., SUITE 600 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 Mark D. Cohen, P.A.	26 Mark D. Cohen, P.A.
Suite, Apt. #, etc. 22 4651 Sheridan St., #300	Suite, Apt. #, etc. 27 4651 Sheridan St., #300
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33021 / 30 USA

4. FEI Number: 65-0455412 ☐ 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	10. Name and Address of New Registered Agent
COHEN, MARK D 121 S.E. FIRST ST. STE. 600 MIAMI FL 33131	81 Name: MARK D. COHEN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 4651 Sheridan St., #300 83 84 City: Hollywood FL 85 Zip Code: 33021

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: Mark D. Cohen, Esq. DATE
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRABARNICK, LAWRENCE % MARK D. COHEN, P.A. 121 SE 1ST ST #600 MIAMI FL 33131	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D Grabarnick, Lawrence c/o Mark D. Cohen, P.A., 4651 Sheridan St. #300, Hollywood, FL 33021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 attachment with an address.

SIGNATURE: Lawrence Grabarnick Dir. 2-14-95 305 537 5706
SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0132470 CP