

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000001459 (4)

1. Corporation Name

AWS COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

1200 NW 78TH AVE  
SUITE 400  
MIAMI FL 33126

1200 NW 78TH AVE  
SUITE 400  
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

21 9485 Sunset Drive

26 9485 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-258

27 A-258

City & State

City & State

23 Miami, FL

28 Miami FL

Zip

Country

Zip

Country

24 33173

25

29 33173

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0457935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

BENJAMIN, IRA  
1200 N.W. 78TH AVENUE  
SUITE 0-305  
MIAMI FL 33126

81 Name

BENJAMIN, IRA

82 Street Address (P.O. Box Number is Not Acceptable)

9485 Sunset Drive

83

Ste#A-258

84 City

Miami

FL

85

Zip Code

33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, if the applicable

(If the Registered Agent Signature is not being recorded)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | BENJAMIN, IRA              |                                 |
| STREET ADDRESS | 1200 NW 78TH AVE SUITE 400 |                                 |
| CITY- ST- ZIP  | MIAMI FL 33126             |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY- ST- ZIP  |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | BENJAMIN, IRA                 |  |
| 1.3 STREET ADDRESS | 9485 Sunset Drive Suite A-258 |  |
| 1.4 CITY- ST- ZIP  | Miami FL 33173                |  |
| 2.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                               |  |
| 2.3 STREET ADDRESS |                               |  |
| 2.4 CITY- ST- ZIP  |                               |  |
| 3.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                               |  |
| 3.3 STREET ADDRESS |                               |  |
| 3.4 CITY- ST- ZIP  |                               |  |
| 4.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                               |  |
| 4.3 STREET ADDRESS |                               |  |
| 4.4 CITY- ST- ZIP  |                               |  |
| 5.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                               |  |
| 5.3 STREET ADDRESS |                               |  |
| 5.4 CITY- ST- ZIP  |                               |  |
| 6.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                               |  |
| 6.3 STREET ADDRESS |                               |  |
| 6.4 CITY- ST- ZIP  |                               |  |

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 273-7895

CR2E034 (12/95)