

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042407
1. Corporation Name

M2 COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
06/07/94

3a. Date of Last Report
06/13/95

2. Principal Place of Business

2a. Mailing Address

21 c/o Kluger, Peretz, et al.
Suite, Apt. #, etc.

26 c/o Kluger, Peretz, et al.
Suite, Apt. #, etc.

4. FEI Number
13-3706543

Applied For
Not Applicable

22 201 So. Biscayne, #1970
City & State Blvd.

27 201 So. Biscayne, #1970
City & State Blvd.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Miami, FL
Zip

28 Miami, FL
Zip

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33131
Country

25 U.S.A.

29 33131
Country

30 U.S.A.

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

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324

81 Name
RONNY J. HALPERIN, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)
201 So. Biscayne Blvd.

83 Suite 1970

84 City
Miami

85 FL

Zip Code
33131

11. Pursuant to the provisions of Sections 607.0592 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

Ronny J. Halperin

(NOTE: Registered Agent Signature required when registering)

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME Jason Itzler
STREET ADDRESS c/o 909 Third Avenue
CITY-ST-ZIP New York, NY 10022

1.1 TITLE D/P/S Change Addition
1.2 NAME Jason Itzler
1.3 STREET ADDRESS c/o Kluger, Peretz, Kaplan & Berlin
1.4 CITY-ST-ZIP 201 So. Biscayne Blvd., #1970
2.1 TITLE Change Addition
2.2 NAME Miami, FL 33131

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4-2496

3-15-96; 4-22-96
DEP BY BANK 208.75

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 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:

Jason Itzler

Jason Itzler

4-22-96

305-354-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)