FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIV OF CORPORATIONS
95 MAR 28 PM 3:05

DOCUMENT # **P94000048196 (7)**

1. Corporation Name
EXCLUSIVE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
~~1900 S.W. 123 COURT~~ ~~MIAMI FL 33175~~	~~1900 S.W. 123 COURT~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7830 SW 24 Street	26 7830 SW 24 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33155 Country 25	Zip 29 33155 Country 30

4. FEI Number: 65-0501937 ☐ 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
~~GORT, ALEXANDER~~ ~~1900 S.W. 123 COURT~~ ~~MIAMI FL 33175~~	01 Name: Jacinto Allegue 02 Street Address (P.O. Box Number is Not Acceptable): 7830 SW 24 Street 03 # 04 City: Miami FL 05 Zip Code: 33155

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: Jacinto Allegue JACINTO M. ALLEGUE 3/23/95
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☒ Change ☐ Addition PD
NAME	~~GORT, ALEXANDER~~	12 NAME	Jacinto Allegue
STREET ADDRESS	~~1900 S.W. 123 COURT~~	13 STREET ADDRESS	6871 SW 129 Ave., Apt. 4
CITY-ST-ZIP	~~MIAMI FL 33175~~	14 CITY-ST-ZIP	Miami, FL 33183
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	ALLEGUE, JACINTO	22 NAME	
STREET ADDRESS	6871 S.W. 129 AVE., APT. 4	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Jacinto Allegue JACINTO M. ALLEGUE 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(305) 265-3622
Daytime Phone Number

0190065 CP