

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 98 AUG 20 PM 1:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050459**
 1. Corporation Name
New Millennium Communications Corp.

Principal Place of Business Mailing Address
200 South Biscayne Blvd., Suite 5400
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------------|--|-----------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 200 South Biscayne Blvd. | | 26 200 South Biscayne Blvd. | | 7/7/94 | |
| 22 Suite, Apt. #, etc. Suite 5400 | | 27 Suite, Apt. #, etc. Suite 5400 | | 4. FEI Number 65-0513-137 | |
| 23 City & State Miami, FL 33131 | | 28 City & State Miami, FL | | Applied For Not Applicable | |
| 24 Zip 33131 | | 29 Country Dade | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation was or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
Sacks, Alfred
2750 N. 29th Avenue
124-A
Aventura, FL 33180

10. Name and Address of New Registered Agent
 81 Name **Corporation Service Company**
 82 Street Address (P.O. Box Number is Not Acceptable) **1201 Hayes Street**
 83
 84 City **Tallahassee** FL 85 Zip Code **32301**

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 607.0506, Florida Statutes.
 SIGNATURE: *Sandra B. Mortham* **8-20-98**
 Signature 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 | Alfred Sacks <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2750 N. 29th Avenue, 124-A | 1.2 NAME | Please see attached current list of officers and directors |
| STREET ADDRESS | Aventura, FL 33180 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 800002624468--3 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | -08/25/98--01022--039 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | ***\$58.75*** <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Chairman/President August 20, 1998 (305)379-5445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

**NEW MILLENNIUM COMMUNICATIONS CORP.
200 South Biscayne Blvd.
Suite 5400
Miami, FL 33131**

**Edward St. Croix
Chairman, President
650 W. Avenue #2901
Miami Beach, FL 33139**

**Thomas L. Wilkerson
Director, Vice President, Engineering
and Assistant Secretary
1591 EastLake Way
Ft. Lauderdale, FL 33326**

**Donald F. Clark
Director
35022 Nashua Blvd.
Sorrento, FL 32776**

**John Williams
Director and CFO
120 Juanita #19
Incline Village, NV 89451**

**Richard Furnival
Executive Vice President
100 Jefferson Ave., #10014
Miami Beach, FL 33139**

**Richard Okolowicz
Executive Vice President
100 Whispering Court
Sanford, FL 32773-5534**