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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048739 (3)

1. Corporation Name
COMMUNICATIONS RESOURCE MANAGEMENT, INC.

Principal Place of Business
14535 S.W. 85TH ST.
MIAMI FL 33183

Mailing Address
9800 E. CALUSA CLUB DR.
MIAMI FL 33186-2336

3. Date Incorporated or Qualified 06/22/1995
3a. Date of Last Report 06/10/1996

2. Principal Place of Business
21 14535 S.W. 85TH ST.
Suite, Apt. #, etc.

2a. Mailing Address
26 1341 S.W. 27TH PL.
Suite, Apt. #, etc.

4. FEI Number 65-0639672
Applied For
Not Applicable

22 City & State
23 MIAMI, FL

27 City & State
28 Boynton Beach, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

24 33183 25 USA

29 33426 30 USA

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

ZERPA, CARLOS
9800 E. CALUSA CLUB DR
MIAMI FL 33186

81 Name Elliott Williams
82 Street Address (P.O. Box Number is Not Acceptable)
1341 S.W. 27TH PL.
83
84 City Boynton Beach FL 85 Zip Code 33426

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 *Elliott Williams* *Elliott Williams* 4/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ZERPA, CARLOS E	
STREET ADDRESS	9800 E. CALUSA CLUB DR.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MANUEL H	
STREET ADDRESS	14535 S.W. 85TH ST.	
CITY - ST - ZIP	MIAMI FL 33183	
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	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elliott Williams	
1.3 STREET ADDRESS	1341 S.W. 27 PL.	
1.4 CITY - ST - ZIP	Boynton Beach, FL 33426	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Manuel H. Rodriguez	
2.3 STREET ADDRESS	14535 S.W. 85th St.	
2.4 CITY - ST - ZIP	Miami, FL 33183	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeannette Diana	
3.3 STREET ADDRESS	14535 S.W. 85th St.	
3.4 CITY - ST - ZIP	Miami, FL 33183	
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 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: *Jeannette Diana* Jeannette Diana 4/1/97 (305)382-3494
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)