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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000053507

FILED Feb 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 02-20-1999 90150 002 ***158.75 DIVISION OF CORPORATIONS

	MUNICATIONS RESEARCH (GROUP, INC.					1 24121 41122		
Principal Place of Business Mailing Address 16410 SW 109TH AVE 16410 SW 109TH AVE MIAMI FL 33157 US US									
1		**			ļ	DO NOT WRITE IN	THIS SPACE		
<u> </u>					ĺ	3. Date incorporated or Qualifed			7
	l Place of Business	2a. Mailing Address				07/12/1995			- [
21		26			- 1	4. FEI Number		Applied For	٦
	ot. #, etc.	Suite, Apt. #, etc.				65-0592522		Not Applicable	7
22 City 9 Ct		27				5. Certificate of Status Desired	~~~*=\$ 8 :7	5 Additional	7
City & St	cate	City & State				C Fig. 2		Required	╛
Zip		28			- 1	Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be	1
24	Country	Zip	Cour	itry	+		Adde	ed to Fees	4
	25	29	30		}	This corporation owes the current year Personal Property Tax.		area .	1
	9. Name and Address of Curre	nt Registered Agent				Name and Address of New Register	Yes	XINo	4
TH	E LAW FIRM OF LAWRENCE J S	DIEGEI CUNTO		81 Name	,	The Address of New Registe	rea Agent		4
343	3 ALMERIA AVENUE	FIEGEL CHRID	Į.	32 Street				•	ļ
CO	RAL GABLES FL 33134	•		Street	Address	(P.O. Box Number is Not Acceptable)	· · ·		1
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14 5				4 City			85 Zig	Code	1
office or	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	es, the abo	ve-named	Comorati	on submits this statement for the purpose located of directors. I hereby accept the ap	<u> </u>		
agent. I a	am familiar with, and accept the obliga	tions of, Section 607,0505. Flor	ithorized b	y the corpo	oration's i	poard of directors. I hereby accept the ap-	of changing i	ts registered]_
SIGNATURE			ou Olding				,	ogistered	ĺ
12.	Signature, typed or printed name of registered ager	d and title it							ĺ
		n and title ir applicable. (NOTE:	Registered Ag	ent signature re	equired when	(Minstating)			J
	OFFICERS AN	D DIRECTORS	Registered Ag	ent signature re	equired when		AND DIDEOR		í
TITLE	DP	D DIRECTORS DELETE	13.		equired when	reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			Ó
TITLE NAME	DP REMIGIO, SILVERIO	D DIRECTORS	13.		equired when		AND DIRECT		(44,00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REMIGIO, SILVERIO 16410 SW 109TH AVE MIAMI FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS	equired when				E034 (44 (00)
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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; that I am an efficiency 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, with all other like empowered.

SIGNATURE:

TYPES DE PRINTED NAME DE SHOFTING OFFICER OR DIRECTOR

305-252-3492