

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # P95000055344 (2)
 1. Corporation Name
MS COMMUNICATIONS INCORPORATED



Principal Place of Business: **9320 SW 61ST CT MIAMI FL 33156**
 Mailing Address: **9320 SW 61ST CT MIAMI FL 33156**

3. Date Incorporated or Qualified: **07/17/1995** 3a. Date of Last Report

4. FEI Number: **65-0597572** 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. 190.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **9320 SW 61st Ct**
 Suite, Apt #, etc.
 22
 City & State
 23 **Miami FL**
 Zip
 24 **33156** Country
 25 **USA**

2a. Mailing Address
 26 **same**
 Suite, Apt #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

9. Name and Address of Current Registered Agent
SCHIMMEL, ROBERT L
3191 CORAL WAY PH-2
MIAMI FL 33145

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

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 _____ (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Secretary <input checked="" type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Schimmel	12 NAME	Robert Schimmel
STREET ADDRESS	9320 SW 61st Ct	13 STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33156	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Michael Schimmel
STREET ADDRESS		23 STREET ADDRESS	9320 SW 61st Ct
CITY - ST - ZIP		24 CITY - ST - ZIP	Miami FL 33156
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Robert Schimmel
STREET ADDRESS		33 STREET ADDRESS	9320 SW 61st Ct
CITY - ST - ZIP		34 CITY - ST - ZIP	Miami FL 33156
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: **Robert Schimmel, President** 6/30/96 663-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)