

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 REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058618 (6)

1. Corporation Name

FLORIDA TRAFFIC WATCH, INC.



Principal Place of Business

Mailing Address

1800 NE 114 ST
SUITE 1510
MIAMI FL 33131

1800 NE 114 ST
SUITE 1510
MIAMI FL 33131

2. Principal Place of Business

21 18425 NW 2ND AVE.

2a. Mailing Address

26 18425 NW 2ND AVE.

22 MIAMI, FL. #310

27 MIAMI, FL. #310

23 MIAMI, FL.

28 MIAMI, FL.

24 33169 25 U.S.A.

29 33169 30 U.S.

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

4. FEI Number 65-0601002

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

CUADRADO, MANUEL A
200 S BISCAYNE BLVD
SUITE 3500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature typed in printed and bold type, preceded by a printed name.

(NOTE: Registered Agent signature required when filing.)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
DEVANE, RUFUS K
200 S BISCAYNE BLVD SUITE 3500
MIAMI FL 33131

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
MACDONALD, WALTER
200 S BISCAYNE BLVD SUITE 3500
MIAMI FL 33131

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
DUKES, JOHN
200 S BISCAYNE BLVD SUITE 3500
MIAMI FL 33131

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CUADRADO, MANUEL A
200 S BISCAYNE BLVD SUITE 3500
MIAMI FL 33131

DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

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211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

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281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-ST-ZIP

291 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-ST-ZIP

301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY-ST-ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 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. 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:

CARLOS J. DENNIS

6/17/96 651-3336

CR2E034 (3/96)