FILE NOW	: FILING	FEE A	FTER MAY	1 IS	\$2	25.00						
CORPORATION FLORIDA DEPARTMENT												
ANNUAL REPORT Sandra B. Morth												
Secretary of State 19986 DIVISION OF CORPORATIONS												
DOCUMEN	UT # DOE	0000011	10				ŀ					
DOCUMENT #P95000082189 1. Corporation Name												
t, corporation to	701111											
MINDOMEY COMMINICAMIONS TWO												
MUNDOMEX COMMUNICATIONS, INC. Principal Place of Business Mailing Address												
			•									
									WRITE IN	THIS SP	ACE	
215 NORTH FEDERAL HIGHWAY SUITE 6 OFFICE E							3. Date incorporated or Qualified 3a. Date of			of Last R	eport	
BOCA RATON, FL 33432 2. Principal Place of Business 2a, Mailing Address						-	10/26			N/A		,
		T. TIMV	<u> </u>		3D 3	t tranz	4, FEI NO				ļ	Applied For
21 215 NORTH FEDERAL HWY Suite, Apt. #, etc.			26 215 NORTH FEDERAL HWY Suite, Apt. #, etc.				65-06;	16064			<u></u>	Not Applicable
22 SUITE 6 OFFICE E			27 SUITE 6	c e	!	5. Certificate of Status Desired					5 Additional Required	
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	6. Electio	ection Campaign Financing				O May Ba	
23 BOCA RA			28 BOCA RATO					Fund Contribution				ed to Fees
Zip 24 33432	Counti 25 USA	Y	Zip		oun te	•		orporation has liab				S. 199.032,
		of Current	29 33432 Registered Agent	30 T	JSA	<u> </u>		Statutes	X Ye		No	
4. 1441		o o o o o o o o o o o o o o o o o o o	HORIOTOLON WROLL		81	Name	IV. MAIN	<u>e und Address of</u>	New Kep	ISTOFOS A	gent	
						ALEJO V	ALDEZ					
87								Box Number is Not	Acceptab	ie)		
<u></u>							OWN LA	KES DRIVE				
					83	#1413						
					84	City					R5 2	ip Code
		BOCA RA	TON			F	2	3496				
11. Pursuent to the or registered as	e provisions of Sect gent, or both, in the	tions 607.0502 State of Florida	and 607.1508, Florida a. Such change was aut	Statutes,	the a	sbove-named co	rporation s	ubmits this statement	for the purp	ose of chan	ging iteres	istared office
femiliar with, a SIGNATURE:	and accept the oblig	ations of, Sect	ion 607.0505, Florida 5	Statutes.				tare. Process scoops	me appearing		atomic eyes	
	gnature, typed or	printed name	of registered agent and	title if app	licabl	le (NOTE:	Registered	Agent signature rec	uired when	reinstating	03/14	/96
12.		13.		ITIONS/CHANGES			****	DRS IN 12				
TITLE	P/S/T	ALEJO V				11 TITLE				1	Change	Addition
STREET ADDRESS	21355 TO		DRIVE #14	13		12 NAME 13 STREET	ADDRESS					
CITY -ST - ZIP	BOCA RATO	ON. FL	33486			14 CITY - S						
NAME						21 TITLE 22 NAME				L	Change	Addition
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TITLE						31 TITLE	11 - ZH				Change	Addition
NAME STREET ADDRESS						32 NAME 33 STREET	ADDRESS					
CITY -ST - ZIP						34 CITY - S						
TITLE NAME						41 TITLE 42 NAME				L	Change	Addition
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TITLE						44 CITY -S	I - ZIP	7047037	<u> </u>	050+- i	thonge	Adela
NAME STREET ADDRESS						52 NAME 53 STREET	Anneree	***200.(00		_i cumude	Addition
CITY -ST -ZIP						54 CITY -S						
TITLE NAME						61 TITLE 62 NAME				L	Change	Addition
STREET ADDRESS						63 STREET						
CITY - ST - ZIP 14, I do hereby cer	tify that the inform	ation supplied	with this filing is volunt	erily furnic	shed	64 CITY -S and does not q	ualify for the	examption stated in	Section 11	9.07(3)(k),	Florida Sta	tutes, I further
certify that the ceth, that i em	information indica on officer or direct	ted on this ann og-of the corpo	nual report or supplement retion on the receiver o	ital annue r trustee e	rep	ort is true and i	accurate and	that my signature s	hall have the	e seme lece	l affect se i	f made under
appears in Bloc	R 12 or Block 13	Changed, or o	on an attachment with	n eddress.				पुरस्कार कह कर्माण्य				
SIGNATU		Kleir	1 //CUA	<u>&</u>			EJO VA	LDEZ 03	/14/96	(40	<u>7) 395-</u>	1986
	SIGN	ATURE AND	TYPED OR PRINTED N	ARE OF	BIGNI	ING OFFICER	OR DIRECTO	R	Dete		ytime Phon	

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