FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000084664 (8)**

1. Corporation Name

ALL-COM COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE MIAMI FL 33131	520 BRICKELL KEY DRIVE MIAMI FL 33131

3. Date Incorporated or Qualified: **11/03/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 9485 Sunset Drive
22 Suite, Apt. # etc.: A-258
23 City & State: Miami Fl
24 Zip: 33173
25 Country:

2a. Mailing Address
26 9485 Sunset Drive
27 Suite, Apt. # etc.: A-258
28 City & State: Miami Fl
29 Zip: 33173
30 Country:

4. FEI Number — [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: BENJAMIN, IRA
82 Street Address (P.O. Box Number is Not Acceptable): 9485 Sunset Drive
83 Suite A-258
84 City: Miami FL 85 Zip Code: 33173

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: Ira Benjamin — IRA BENJAMIN — DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENJAMIN, IRA 520 BRICKELL KEY DRIVE #0-305 MIAMI FL 33131	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P BENJAMIN,IRA 9485 Sunset Drive#A-258 Miami Fl 33173	[X] Change [X] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		[ ] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	800001849198 -06/04/96--01018--019 ***200.00	[ ] Change [ ] Addition

CR2E034 (12/95)

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)(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: Ira Benjamin — 4/29/96 — (305) 273-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number