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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088396 (3)

STATEWIDE COMMUNICATION, INC.

Mailing Address Principal Place of Business 1350 NORTHWEST 122 AVENUE 5526 W OAKLAND PARK PLANTATION FL 33323 **LAUDERHILL FL 33313-1412** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1995 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0620453 Not Applicable 26 21 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, JULIO 5526 WEST OAKLAND PARK Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33313 83 City 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 Signatine typical or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13, PSTD DELETE Change Addition TITLE 1.1 TITLE RODRIGUEZ, JULIÓ 1.2 NAME NAME 1350 NORTHWEST 122 AVENUE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33323 CITY - ST - 211 1.4 City-ST-ZIP ___ Addition DELETE Change 2.1 TITLE THRE **2.2 NAME** NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 2. 4 CITY ST-ZIF DELETE Change Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACORESS 3.4. CITY - ST-ZIP CHTY-ST-ZiF Addition ☐ DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS Diff - ST - ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAM 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2IP CITY-SI-ZIP DELETE 61 TITLE Change Addition THILE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

14. Lido hereby certify that the information supplied with this filling 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 op an attachment with an adoless.

SIGNATURE:

CHY-ST-ZIP

OR DIRECTOR

0272471

FILED

May 09 1997 8:00am

Secretary of State