FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011310 (5)

Principal Place of Business	Mailing Address
5745 S.W. 51ST \$TREET	5745 S.W. 51ST STREE
MIAMI FL 33155	MIAMI FL 33155

FILED Jan 27 1998 8:00am Secretary of State

STEP	ONE COMMUNICATIONS, I	NC.			
Principal Plac	e of Business	Mailing Address			ARDON PIDDO ALIDA IRDII BOIT IDDI
5745 S.W. 51ST STREET 5745 S.W. 51ST STREET MIAMI FL 33155 MIAMI FL 33155			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified	
				02/06/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0636094	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip 	Country	Zφ	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	L Tes □ No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
HATHCOCK, JOSEPH J			bi Name		
5745 S.W. 51ST STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ML	AMI FL 33155				
			83		
			84 City		85 Zip Code
				F	LIII
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	or and 607.1508, Florida Statute of Florida. Such change was a lations of, Section 607.0505, Florida	s, the above-riamed cor uthorized by the corpora rida Statutes.	poration submits this statement for the purpose alion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or pointed name of registered ag-	ent and title if applicable (NOTE	Registered Agent signature requ	ured when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HATHCOCK, JO SEPH J		1.2 NAME		
STREET ADDRESS	5745 S.W. 51ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	·	Change Addition
NAME	HATHCOCK, JOSEPH J		2.2 NAME		
STREET ADDRESS	5745 S.W. 51ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		Bangal Committee	6.2 NAME		
STREET ADDRESS			1		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0 0 0 000000000000000000000000000000000	

Thereby certify that the information supplied with this filing 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.