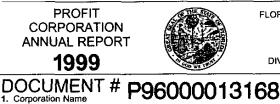
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Jul 19, 1999 8:00 am Secretary of State

=:::

07-19-1999 90005 014 \*\*\*550.00

	ING COMMUNICATIONS SE	·				···			
Principal Plac		Mailing Addr							
3465 SOUTH MOORINGS WAY COCONUT GROVE FL 33133 COCONUT GROVE FL 33133									
COCONOT GROVE PE 33133							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							02/12/1996		
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number		Applied For
21 26							65-0676570		Not Applicable
Suite, Apt.	#, etc.	<del>}</del>	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & Star	<u> </u>	City & State					6. Election Campaign Financing		
<b>一</b> ・	e		28				Trust Fund Contribution		00 May Be ed to Fees
<b>23</b> Zip	Country	Zip		Coun	itry		8. This corporation owes the current y		
24	25	29		30	Ī		Intangible Personal Property.	Yes	☐ No
	9. Name and Address of Currer	t Registered Age	ent				10. Name and Address of New Regis	stered Agent	
001	TIFODOSE II 500			[ ]	81	Name			
	DBERG, THEODORE M ESQ.					Street Addre	ress (P.O. Box Number is Not Acceptable)		
	MARY STREET								
	E 400				83				1
COC	ONUT GROVE FL 33133					City	85 Zip Code		
				84	named corporation submits this statement for the purpose of changing its registered				
agent. J SIGNATURE	am familiar with, and accept the obliging street of registered ages	ations of, section (	607.0505, Fk	orida Statu	ites	i. 	on's board of directors. I hereby accept the ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	
TITLE	D	T DIRECTORS	DELETE	1.1 TITU	.E		7.5511.61.6.6.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Chan	
NAME	BARTON, ANA M	<u>L</u>	_ DECE IL	1 2 NAN					go
STREET ADDRESS	3465 SOUTH MOORINGS WAY			1.3 STR	EET /	ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			1.4 CIT	Y-ST-	-ZIP			
TITLE			DELETE	2.1 TITL				Chan	ge Addition
NAME		_		2.2 NAN	AE.				
STREET ADDRESS		<b></b>		2.3 STR	EET/	ADDRESS			i
CITY-ST-ZIP				2.4 CIT	r-st-	ZIP		-	
TITLE			DELETE	3.1 TITL	E.			Chan	ge Addition
NAME				3.2 NAA	Æ.				Ì
STREET ADDRESS	}			3.3 STR	EET	ADDRESS			}
CITY-ST-ZIP		-		3.4 CIT		ZIP			
TITLE		L	DELETE	4.1 TITL		İ		L Chan	ge Addition
NAME				4.2 NAN					
STREET ADDRESS				- B		ADDRESS			į
CiTY-ST-ZIP			<del></del>	4.4 CIT		ZIP		<u> </u>	
TITLE		l	DELETE	5.1 TITL				Chan	ge Addition
NAME				5.2 NAM		*DODECC			Ì
STREET ADDRESS	]					ADDRESS			
CITY-ST-ZIP	·		7051555	5.4 CIT	_	-ZIP			ge Addition
TITLE		L	_] DELETE	6.2 NAN				L Chan	As T VORIGO
NAME OTDEET ADDRESO						ADDRESS			1
STREET ADDRESS	İ			U.JOIK		UUUUEGG			1

6.4 CITY-ST-ZIP 14. I hereby 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.

**SIGNATURE:** 

305-446-0980