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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043628 (2)

FILED Mar 18 1998 8:00am Secretary of State

is corporatio	SSPRO COMMUNICATIONS		20 (2)		
HOUES	SENO COMMUNICATIONS	D, INC.			A INGINARI NA KAMBA AHRI ARKIK BANK BANK BANK BANK BANK BANK BINK BINK BANK BANK BANK
i					
Principal Place of Business Mailing Address					I sedinder tib tante ettir getik datir detti detti detti ditta titti fört
7615 PONCE DE LEON BOULEVARD 1578 MADRUGA AVE.					
MIAMI FL SUITE 177 CORAL GABLES FL 3314				8	DO NOT WRITE IN THIS SPACE
		00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3. Date Incorporated or Qualified
Ì					05/22/1996
	Place of Business	2a. Mailing	Address		4. FEI Number Caya 24 cay Applied For
21		26			APPLIED FOR 65-6792472 Not Applicable
Suite, Apt.	W, etc.		Apt. #, etc.		5. Certificate of Status Desired
City & Stat	8	27 City & 3	State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has paid the current year Intangible
24	25	29		30	Personal Property Tax due June 30. Yes No
					10. Name and Address of New Registered Agent
	ZIQUEZ, VINCE A			81 Name	VINCE A. VAZQUEZ
	45 SW 70 STREET			82 Street	
ML	AMI FL 33173			83	93 73 20 70 37.
				<u> </u>	
				84 City	M; AM; FL 85 33773
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 lorida. 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 objection of Section 607.0505, Florida Statutes.					
SIGNATURE 3-2-8					
	Signature, typy if or printed harrie of registered a		e (NOTE	: Registered Age a signature	
12.	OFFICERS #	CA DIFFECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BUSTAMANTE, MARIO M		- Occer	1.2 NAME	
STREET ADDRESS	7615 PONCE DE LEON BOI	ULEVARO		1.3 SYREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143			1.4 CITY-ST-ZIP	
TITLE	VP		DELETE	2.1 TITLE	. Change Addition
NAME	VAZQUEZ, VINCE A			2.2 NAME	· [
STREET ADDRESS	9545 SW 70 ST			2.3 STREET ADDRESS	
CITY-S1-ZIP	MIAMI FL 33173			2. 4 CITY-ST-ZIP	
TITLE	VP		DELETE	3.1 TITLE	Change Addition
NAME	PAREZ-SANCHEZ, RUBEN	7		3.2 NAME	RUBEN PEREZ-SANCHEZ 1878 MAONUGA RVE, #177 GORAL GABLES, FL 33146
STREET ADDRESS	1578 MADRUGA AVE., #177	•		3.3 STREET ADDRESS	15 76 1114 011 01 01 00 11/4
CITY-ST-ZIP TITLE	CORAL GABLES FL 33146		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	CBRAC CABLES, FC 55/40
NAME			occir	4.2 NAME	C Origing C Production
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE			DELETE	51 TITLE	Change Addition
NAME				52 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	Change Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY - ST - ZIP	

14. I 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 eath; that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an all schment with an address.

SIGNATURE:

VAZONE 3-2-98 305-669-090