

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

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # **P96000077983**
1. Corporation Name

COMMUNIQUE RESPONSE INTERNATIONAL, INC.

Principal Place of Business Mailing Address
11419 Whispering Hollow Drive
Tampa Fla. 33635

FILED

97 OCT 27 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09-19-96			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

AMERILAWYER CHARTERED
343 Almeria Avenue
Coral Gables, Fla. 33134

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director <input checked="" type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Robert	12 NAME	Gladys Acosta
STREET ADDRESS	11419 Whispering Hollow Dr.	13 STREET ADDRESS	2421 N. Meridia Ave.
CITY-ST-ZIP	Tampa, Fla. 33635 <input type="checkbox"/> DELETE	14 CITY-ST-ZIP	Miami, Beach, Fla. 33 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	3000002330843--7
NAME		22 NAME	-10/28/97--01001--021
STREET ADDRESS		23 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Gordon Christopher D.
STREET ADDRESS		33 STREET ADDRESS	11419 Whispering Hollow Dr
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, Fla. 33635
TITLE	VP <input checked="" type="checkbox"/> DELETE	41 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon Christopher D.	42 NAME	Robert Henry
STREET ADDRESS	11419 Whispering Hollwo Dr.	43 STREET ADDRESS	11419 Whispering Hollow Dr
CITY-ST-ZIP	Tampa Fla. 33635	44 CITY-ST-ZIP	Tampa, Fla. 33635
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: Gladys Acosta Gladys Acosta President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (3/96)