

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 1072

97 AUG 13 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082131 (9)

1. Corporation Name  
**ALMART COMMUNICATIONS, INC.**

Principal Place of Business 1811 SW 32ND CT. MIAMI FL 33145	Mailing Address 1811 SW 32ND CT. MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0701242		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MARTINEZ, ALEXANDER E</b> <b>3231 DAY AVE.</b> <b>MIAMI FL 33133</b>				10. Name and Address of New Registered Agent			
81	Name <b>Martinez, Alexander E</b>			85	Zip Code <b>FL 33133</b>		
82	Street Address (P.O. Box Number Is Not Acceptable) <b>2544 SW 25 Terr.</b>						
83	City <b>Miami</b>						
84	City						

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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARTINEZ, ALEXANDER E</b>			1.2 NAME			
STREET ADDRESS	<b>3231 DAY AVE.</b>			1.3 STREET ADDRESS	<b>2544 SW 25 Terr</b>		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			1.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME	<b>900002269039-1</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>-08/15/97-01117-018</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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(2)(b), 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.

CR2E034 (4/97)

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# ALMART COMMUNICATIONS, INC.

2544 SW 25 TERR. MIAMI, FL. 33133  
PH: (305) 444-5086 FAX: (305) 444-3477

*"Business Telephone Systems"*

8/01/97

To whom it may concern:

Upon receiving the annual report packet, I noticed it said 2nd notice. I want to assure you that I never received the first notice. My intention for this company is not to lose money and therefore I would have certainly returned it with the fee on time with out a doubt. I called your department upon receiving the second notice and asked if it was certified, they said it wasn't and recommended I write a letter. Due to the fact that I did not receive the first notice, I am sending a chek for \$165.00, the cost of the first report. Thank you for your understanding and cooperation.

Sincerely Yours,  
Alexander. E Martinez  
President