CITY-ST-ZIP

14. I hereby certify that the inform indicated on this annual report

officer or director of the co Block 12 or Block 13 if cha

supplied with this filing does not qualify

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 21 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P96000082131 (9) DOCUMENT # ALMART COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1811 SW 32ND CT. 1811 SW 32ND CT. **MIAMI FL 33145** MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1996 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0701242 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTINEZ, ALEXANDER E 2549 S.W. 25TH TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33133 83 84 City Zip Code F 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 Signature, typest or pointed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TO LE Change TITLE MARTINEZ, ALEXANDER E 1.2 NAME NAME 2544 S.W. 25 TERRACE STREET ADDRESS 1.3 STHEET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

o exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to and that my signature shall have the same legal effect as if made under oath, that I am an colo bis report as required by Chapter 607, Florida Statutes; and that my name appears in

Helexonder Montesol

98 (305)444-5086