

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000527 (6)
1. Corporation Name
TECHNION COMMUNICATIONS CORPORATION

Principal Place of Business 190 NE 199TH STREET SUITE 104 MIAMI FL 33131	Mailing Address 190 NE 199TH STREET SUITE 104 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4000 Hollywood Blvd. Suite, Apt. #, etc. 22 755-S City & State 23 Hollywood FL Zip 24 33021		2a. Mailing Address 26 4000 Hollywood Blvd. Suite, Apt. #, etc. 27 755-S City & State 28 Hollywood FL Zip 29 33021		3. Date Incorporated or Qualified 01/01/1997	
		4. FEI Number 65-0722738		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FIELDSTONE, RONALD R ESQ 200 SOUTH BISCAYNE BOULEVARD SUITE 2100 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D <input type="checkbox"/> DELETE				1.2 NAME			
NAME PAPUNEN, SANDRA				1.3 STREET ADDRESS 4000 HOLLYWOOD BLVD #755-S			
STREET ADDRESS 190 NE 199TH STREET, SUITE 104				1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021			
CITY-ST-ZIP MIAMI FL 33131							
TITLE D <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME EISDORFER, CHRIS				2.2 NAME			
STREET ADDRESS 190 NE 199TH STREET, SUITE 104				2.3 STREET ADDRESS 4000 HOLLYWOOD BLVD. #755-S			
CITY-ST-ZIP MIAMI FL 33131				2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021			
TITLE D <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MITTELBERG, RICKEY				3.2 NAME			
STREET ADDRESS SUITE 1061, GABE ONE TOWER, 1320 S DIXIE				3.3 STREET ADDRESS			
CITY-ST-ZIP CORAL GABLES FL 33146				3.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SAKIN, CRAIG				4.2 NAME			
STREET ADDRESS 115 EAST PUTNAM				4.3 STREET ADDRESS			
CITY-ST-ZIP GREENWICH CT 06830				4.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FIELDSTONE, RONALD R ESQ				5.2 NAME			
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 2100				5.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33131				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 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: 

CR2E034 (10/97)