

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
~~Sandra M. Morham~~  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000009086 (4)  
1. Corporation Name  
COMMFLOW CORPORATION



Principal Place of Business

11580 SW 148 CT  
MIAMI FL 33196

Mailing Address

11580 SW 148 CT  
MIAMI FL 33196

01/30/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1000 Ponce De Leon Blvd		26 1000 Ponce De Leon Blvd		65-0723475		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 116		27 116		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 Coral Gables		28 Coral Gables		8. This corporation owes or has paid the current year Intangible		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Personal Property Tax due June 30.			
24 33134		29 33134		10. Name and Address of New Registered Agent			
Country		Country					
25 Miami-Dade		30 Miami-Dade					
9. Name and Address of Current Registered Agent							

SALANDY, ROGER  
11580 SW 148 CT  
MIAMI FL 33196

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	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/S
STREET ADDRESS		1.3 STREET ADDRESS	Roger Salandy
CITY-ST-ZIP		1.4 CITY-ST-ZIP	11560 SW 148 CT
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Miami, FL 33196
NAME		2.2 NAME	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	Harolyn Salandy
CITY-ST-ZIP		2.4 CITY-ST-ZIP	11560 SW 148 CT
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Miami, FL 33196
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-98

805-752-1420

Date

Daytime Phone # 0260035

CR2E034 (10/97)