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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P97000014322 (6)

CLEARVIEW COMMUNICATIONS, INC.

## **FILED** Jan 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				t to back to a their contraction of the order of the second of the secon	
	WEST 139TH PLACE	3262 SOUTHWEST 139TH PLACE					
MIAMI FL 33	175-6765	MIAMI FL 33175-6765	MIAMI FL 33175-6765			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						02/11/1997	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				65-0747383 Not Applical	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country	Žιρ	· — ·			8. This corporation owes or has paid the current year Intangible	
24	25	29 30 ress of Current Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	<del></del>	n Registereu Agent	— <del></del>	81	Name	10. Name and Address of New Registered Agent	
	RNANDEZ, ROSS		Ľ		140/110		
-	62 SOUTHWEST 139TH PLACE			B2	Street Addre	ress (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33175-67 <b>6</b> 5		Ī	В3			
			ļ <sub>ī</sub>	84	City	85 Zip Code	
						FL 6 25 COUR	
office or r agent. I a	to the provisions of Sections 507,050 egistered agent, or <b>b</b> oth, in the State m familiar with, and accept the oblig	2 and 607, 1508, Florida Statut of Florida. Such change was a ations of, Section 607,0505, Flo	es, the abo authorized orida Statu	by tes	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AN		E: Registered	Ager	nt signature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	11 111	ŧ		Change Additional Additional Change Additional Addition	
NAME	FERNANDEZ, ROSS		1.2 NAN				
STREET ADDRESS	\$262 SOUTHWEST 139TH P	LACE			ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175-6765		1	1.4 CITY-ST-ZIP			
TITLE	VSD	DELETE	2,1 [1][		-	Change Additi	
NAME	FERNANDEZ, DAISY B		2.2 NAM	2.2 NAME			
STREET ADDRESS	3262 SOUTHWEST 139TH PI	LACE	2.3 STR	EET /	address		
CITY-ST-ZIP	MIAMI FL 33175-6765		2. 4 CIT	Y - \$1	T-ZIP		
TITLE		DELE <b>TE</b>	3 1 TITL			Change Additi	
NAME			3.2 NAN	AE			
STREET ADDRESS			3.3 STR	EET #	ADDRESS		
CITY-ST-ZIP			3.4. CIT	3.4. CITY - ST - ZIP			
TITLE		☐ DELET <b>e</b>	4.1 117L	E		☐ Change ☐ Additi	
NAME			4, 2 JAI	ME			
STREET ADDRESS	=		4.31 RI	EET /	adoress		
CITY-ST-ZIP			4.4 TY	/- ST	- ZIP		
TITLE		☐ DELETE	51 TL	E		Change Additi	
NAME			5.2 AM	1E			
STREET ADDRESS			53STR	EET /	ADDRESS	•	
CITY-ST-ZIP			5.4 CITY	/-ST	- ZIP		
TITLE		DELETE	6.1 TITL	E		Change Additi	
NAME			6.2 NAM	18			
STREET ADDRESS			6.3 STR	EET A	address	•	
CITY-ST-ZIP			64 CITY				
14 I harabur	partify that the information cumplied w	ith this filing done not qualify for	or the even	nnti	on stated in	Section 119 07(3)(i) Florida Statutos I further certify that the information	

Thereby sensy trial the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(1). 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.